



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Meadowview Bungalows 3 & 4 |
| Name of provider: | Redwood Neurobehavioural Services Unlimited Company |
| Address of centre: | Meath |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 14 April 2021 |
| Centre ID: | OSV-0005175 |
| Fieldwork ID: | MON-0032026 |

About the designated centre

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

The centre provides a residential service for 12 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 centre is based in a congregated setting a short drive from a small town in County Meath. The centre consists of two bungalows that can accommodate six residents in each bungalow. Each resident has their own bedroom and each bungalow has three communal areas for residents to spend time in. Each bungalow has a dining area, kitchen, laundry room and two communal bathrooms, an office and a WC. The centre is staffed by a full time person in charge, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

| | |
|--|----|
| Number of residents on the date of inspection: | 12 |
|--|----|

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 |
|----------------------------|-------------------------|-------------------|---------|
| Wednesday 14 April 2021 | 09:30hrs to 14:30hrs | Noelene Dowling | Lead |
| Wednesday 14 April 2021 | 09:30hrs to 14:30hrs | Florence Farrelly | Support |

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to the residents and staff.

During the inspection inspector's spoke with a number of residents. Two of the residents communicated verbally with the inspectors with the support of staff. Other residents communicated via gestures and allow inspectors to observe some of their daily routines and their interactions with staff. Two of the residents told the inspector that this was a good place to live, the staff and manager were very good to them, sorted things out for them and they had a good laugh. One resident explained that it was different in a good way to a home they had previously lived in. Residents told the inspector that they had the 'doctor whenever it was needed' and said the nurse was 'very good at taking the bloods' and didn't hurt them when they needed bloods taken. A big birthday party was being planned and they were looking forward to getting out to the shops and the hairdressers again, but in the meantime staff helped them to shop on line when they wanted something.

From this communication and observations during the day, inspectors concluded that residents were supported to have a good and safe quality of life in the centre, with their own individual and preferred routine encouraged and respected by the staff.

During the day, inspectors observed that the residents had their own particular routines, including when they got up, had their meals, or did their preferred activities with staff. These included going for walks, trips to the local beach, watching favourite music and DVDs with staff, using their own sensory equipment, which was readily available to them, doing their knitting or crafts and relaxing in their favourite chair.

Where residents preferred to spend time alone, this was respected, but a range of alternatives were seen to be consistently offered in order to encourage more integration. The individuals known preferences were supported. For example, ensuring the classical radio station was tuned in and sensory lights were placed outside the living area which was a source of comfort. The residents could also lock the door to their separate living area if they wished.

The residents looked very well cared for and it was apparent that their primary care needs were being very well supported. The staff were respectful to the residents at all times, including at meals times when support was needed, and were very responsive to their non-verbal communications, for example hand gestures were used, indicating "leave me alone", or taking the staff by the hand to go where they wished to go. It was also noted that all of the documentation in relation to residents was written in a respectful and person-centred manner. While there were behaviour of concerns and high staffing levels, the inspectors found that the environment was

calm, and staff responded calmly to all interactions.

There were a number of systems used to promote the residents' rights, with social stories and pictorial images used to ascertain their preferences and explain things to them, such as, what to do if they were unhappy, or felt unsafe, the COVID-19 vaccinations, and the restrictions in the centre. While they required support with their finances, this was managed carefully, and the provider's social work staff were in the process of ensuring that previous financial arrangements, outside of the remit of the provider, were being addressed. The residents, and or their representatives, were consulted with regard to their care. During the pandemic outdoor visits, garden parties, and video calls were used so the residents could maintain important personal connections.

The premises were very comfortable, spacious and allowed the residents plenty of personal and communal space which suited their individual needs. The gardens while secure, were pleasant, with lots of ornaments, flowers and safe surfaces. The residents bedrooms contained the possessions they wished to have with them and were comfortable and nicely decorated.

A minor matter in relation to infection prevention and control was identified and was discussed with the provider at the feedback meeting for consideration. However, the inspectors found that there were systems were in place to provide care which met the health, emotional and social care needs of the residents.

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

Capacity and capability

There were management systems in place which effectively supported the provision of a meaningful and safe life for the residents who live in this centre.

This risk based inspection was undertaken, at short notice, to ascertain the providers continued compliance with the regulations, inform the decision on the provider application to renew the registration of the centre, and the arrangements in place to manage the continued COVID-19 pandemic. The centre was last inspected in November 2019, with one non-compliance found in relation to the evacuation of the residents in the event of a fire. This had been fully addressed by the provider.

The provider, a private organisation, comprises a board of directors, and a management structure and reporting systems which includes the director of services and persons in charge. The centre was managed on a day-to-day basis, by a suitably qualified and experienced person in charge, who was very familiar with all of the individual residents' complex needs and had good systems for oversight and

direction of their care. This supported the residents' wellbeing.

The provider has a number of systems for monitoring and quality improvement including detailed audits, reviews of practices and all incidents and an annual review of the service. These identified a number of areas for improvement including staff training, equipment replacement, the resident care and support plans, and all of these had been addressed diligently by the time of the inspection.

The centre was very well resourced in terms of staff including full-time nursing care, which ensured the skill mix was suitable to meet the needs of the residents. There was also internal and prompt access to a range of allied and specialist services such as psychological support, occupational and physical therapy. Having such prompt access meant that the staff team could provide appropriate supports for residents, in recognition of their complex needs.

Recruitment practices, which had been reviewed during a recent inspection in the organisation, were found to be safe, with all mandatory training provided and good quality staff supervision systems in place. The provider also ensured that additional training pertinent to the residents was made available. This included, autism specific and dementia training, behaviour support, and specialist clinical interventions which was of benefit to the residents. The staff who spoke with the inspectors, were very familiar with the residents care needs, expressed their confidence in the managers, and also confirmed a detailed induction process to ensure that they could support the residents.

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The Provider had submitted details of who would take responsibility for the service in the absence of the person in charge and had forwarded all of the documentation required for the renewal of the registration of the centre.

From a review of the accident and incident records the inspector noted that the required notifications were being forwarded to the Chief Inspector as required, with one exception. All incidents were reviewed in a timely and comprehensive manner by the person in charge.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of the registration had been made in the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who was very familiar with all of the individual residents' complex needs, had good systems for oversight and direction of their care and understood the legal responsibilities of the post.

Judgment: Compliant

Regulation 15: Staffing

There was a high ratio of staff at all times, with the appropriate skill mix including full-time nursing care to provide suitable care for the residents. The recruitment practices reviewed were safe.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had up to date mandatory training required to meet the needs of residents. In addition training was provided in autism, dementia, behaviour support, and specialist clinical intervention including catheter care and phlebotomy, which was of benefit to the residents.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems and structures in place which effectively supported the provision of a meaningful and safe life for the residents who live in this centre. The provider had effective monitoring oversight and reporting systems in place with regular audits, unannounced inspections and an annual review of the service. There was a nurse supervisor/manager available each night on the campus.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and provided a detailed outline of the

service, facilities and care needs to be supported. Practices were implemented in line with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records the inspector noted that the required notifications were being forwarded to the Chief Inspector as required, with one exception, the administration of a covert medicine.

Judgment: Substantially compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had submitted the details of who would take responsibility for the centre in the absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that the resident's living in the centre received care and support which was person-centred and based on their complex individual needs.

From a review of six residents' support plans, the inspectors found that their emotional and healthcare needs were supported by frequent access to a range of multidisciplinary assessments and therapeutic interventions, including physiotherapy, speech and language, dietitian, healthcare, psychology, neurology, mental health and sensory supports.

These resulted in detailed support plans for all of their needs including social and personal preferences, important people in their lives, dietary needs, physiotherapy, anxieties and communication. These were monitored carefully by the person in charge and the inspector observed these being implemented by the staff during the day. The residents care was frequently reviewed by the multidisciplinary team. and their preferences were heard and considered. For example, where a resident expressed a wish to live in a location nearer to their own home, this was being actively pursued by the provider.

The residents' healthcare and age related needs were prioritised and their dietary and nutritional care was also monitored and supported. Where additional supports were needed, these were seen to be provided.

The provider ensured that the residents had all of the equipment needed for their care and comfort. These included specialised beds, chairs and hoists, which inspectors saw were serviced and replaced frequently.

There were good systems in place to protect residents from abuse and respond appropriately to any concerns of this nature which arose. The inspectors were informed that there were no current safeguarding concerns in the centre. A previous concern had been dealt with appropriately with a detailed safeguarding plan implemented. Intimate care plans for the residents were detailed, with mixed gender staff always available to ensure that the residents preferences in this regard were supported,

The residents presented with complex behaviour support needs, including potential self-harm. To this end, there was frequent intervention and guidance from behaviour support and mental health specialists with detailed support plans to guide staff. It was apparent that the focus was on understanding the meaning of the behaviours for the residents and acting to support this. This impacted positively on the quality of the residents' daily lives, while respecting their need for autonomy.

The inspectors reviewed the restrictive practices implemented in the centre and found that these were carefully monitored, assessed and used only when necessary. The practices were implemented based on residents' assessed needs for safety, well-being and at clearly identified times only. These were proportionate. For example, a resident who required a lap belt in order to maintain stability when seated, but did on occasion open the belt. In order to minimise the risk of injury should the resident slip from the chair a mat was in place at the chair. Where a direct physical intervention was needed this was prescribed carefully and with due regard to residents' privacy and dignity. Staff detailed how this was carried out to the inspectors. In this way, the systems were proportionate and the least restrictive to the residents.

The provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies in order to keep the residents safe from harm. Each resident had a detailed individual risk assessment and management plan in place, for risk such as falls, choking, self-harm, or pressure areas. The residents were also protected by the fire safety management systems in place. All of the required equipment was in place and serviced as required. Staff undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place, taking their vulnerabilities into account.

The provider had implemented systems to prevent and control the spread of COVID -19 and these were being kept under review by the management team. A number of strategies were deployed such as restrictions on any visitors to the centre, increased sanitising processes, the use of and availability of suitable PPE. These were revised

as and upgraded if any risks occurred. The records showed and staff confirmed, that they had regular training in infection prevention and control. The situation had been managed well when this risk arose. There was a contingency plan for staff should this be needed. The staff were seen to be adhering to the guidelines regarding sanitising and wearing PPE. The centre was noticeably clean, with dedicated ancillary staff assigned. This helped to reduce infection risk. At the time of the inspection eight of the 12 residents had received a first dose of the COVID-19 vaccination, according to their ages and vulnerabilities.

Overall inspectors found that residents enjoyed living in the centre and staff supported them to lead a meaningful life in accordance with their abilities, wishes and preferences.

Regulation 10: Communication

The residents had very detailed communication support plans implemented, with the support of the speech and language therapist and those who knew the residents well.

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for purpose, comfortable, spacious and well decorated and maintained. The residents were provided with all of the equipment necessary to ensure their comfort and enable their continued independence. For example, a resident used an aid to mobilise independently.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies, and learning from untoward events, in order to keep the residents safe from harm. Each resident had a risk assessment in place which was seen to be regularly updated.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented systems to prevent and control the spread of COVID-19 and these were being kept under review.

Judgment: Compliant

Regulation 28: Fire precautions

The residents were protected by the fire safety management systems in place. All of the required equipment was in place and serviced as required. Staff undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place, taking their vulnerabilities into account. The provider had satisfactorily addressed the actions required following the previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had frequent access to a range of multidisciplinary assessments and therapeutic interventions, including physiotherapy, speech and language, dietitian, healthcare, psychology, mental health and sensory supports. Detailed support plans were implemented and regularly reviewed in conjunction with the resident and their representatives. Their social preferences and goals were identified and plans made for the resumption of these after the restrictions are lifted. They had good access to the local community and their own home communities.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare and age related needs were carefully monitored and responded to and the nursing care available ensured this occurred. Skin integrity, fluids, dietary needs and neurology support were frequently monitored and referrals were made promptly and followed up on by the person in charge.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was frequent intervention and guidance from behaviour support and mental health specialists with detailed support plans to guide staff. The staff were very familiar with these plans. The person in charge reviewed all incidents carefully so as to ensure they were managed in accordance with the support plans.

A number of restrictive practices were used in the centre, but were implemented in a manner as to be the least restrictive, were carefully assessed as necessary for the residents safety, and implemented in a proportionate and balanced manner.

Judgment: Compliant

Regulation 8: Protection

There were good systems and appropriate policies in place to protect the residents from abuse and respond appropriately to any concerns of this nature which arose. Intimate care plans were detailed in order to protect the residents dignity. Staff and the person in charge were very clear on what might constitute abusive interactions.

Judgment: Compliant

Regulation 9: Residents' rights

There were a number of systems used to promote the residents' rights, with social stories and pictorial images used to ascertain their preferences and explain things to them, such as, what to do if they were unhappy, or felt unsafe, the COVID-19 vaccinations, and the restrictions in the centre. Key workers had primary responsibility for eliciting the residents' preferences and supporting them. While they required support with their finances, this was managed carefully, The residents, and or, their representatives, were consulted with regard to their care. During the pandemic outdoor visits, garden parties, and video calls were used so the residents could maintain important personal connections.

Judgment: Compliant

Regulation 18: Food and nutrition

The residents nutritional needs and preferences were monitored and facilitated, and

where additional dietary supports were needed these were seen to be provided.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | 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 |
| Regulation 18: Food and nutrition | Compliant |

Compliance Plan for Meadowview Bungalows 3 & 4 OSV-0005175

Inspection ID: MON-0032026

Date of inspection: 14/04/2021

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 31: Notification of incidents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC will submit all recorded restrictive practices as required under regulation 31 at each quarterly interval. The PPIM has put in place a new system of notification review prior to submission, to ensure all required notifications are submitted in line with regulation 31. The PIC has submitted the one omitted NF39A on the 27.04.2021.</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 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each 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. | Substantially Compliant | Yellow | 27/04/2021 |