



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

Issued by the Chief Inspector

Name of designated centre:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	17 December 2020
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0031088

About the designated centre

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

Orchard Vale apartments provides a residential service for a maximum of five 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. 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 a model of person centred care and support. The centre comprises of two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen cum living area, bedroom and en-suite bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen come living area. The centre is staffed by direct support workers with each shift being overseen by a team leader. The centre is located in a rural congregated setting, a short drive from a town in Co.Meath.

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
Thursday 17 December 2020	09:40hrs to 16:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector met four residents living in the centre and conducted a quick walk around of three of the apartments. Two of the residents were happy to show the inspector their apartments.

The apartments were clean well maintained and decorated for Christmas. Some of the residents said they were looking forward to the celebrations over the holiday period. Notice boards in the apartments had menus, staff rosters and activities for the day displayed in picture format to inform residents about their day.

Residents were for the most part happy, some residents expressed some levels of dissatisfaction with the service, however; the inspector found that the provider had arrangements in place to address these. For example; a new door was being installed in one apartment so that a resident could use this door as their main exit. This would resolve the issue that the resident was dissatisfied with.

Residents met individually with staff to discuss and plan activities and menus for the week. This was also an opportunity to discuss some of the restrictive practices in place for residents. During these meetings staff explained the rationale for the restrictive practices and it was then recorded whether residents understood why they were in place and if they were satisfied for the restrictions to continue. If a resident wanted one reviewed then this was referred to a team meeting to discuss. One resident met said that they were not happy with two restrictions in place. The inspector found that one issue had already been referred to discuss at the next team meeting and discussed the other with the person in charge at the end of the feedback meeting who agreed to follow this up with the resident.

As a result of the public health restrictions some community activities had to be postponed from time to time. One resident had a part time job prior to COVID-19. One of the residents spoke about their future plan to move to a community based setting next year. The person in charge verified these provisional plans also.

Residents were involved in preparing their own meals and taking care of their own apartments with support from staff. Some went shopping for groceries. Others liked baking and one resident spoke about how much they enjoyed making one particular favourite recipe.

Another resident loved art and had some of their artwork displayed in their home. One resident enjoyed doing online courses and showed the inspector a certificate they had received for completing a course on infection prevention and control.

Residents said they liked the staff working their and interactions observed between staff and residents was friendly and warm. The staff who met with the inspector knew the residents well.

There were mechanisms for residents to raise complaints in the centre, through weekly meetings. Four residents also had the support of an external advocate who rang the residents on a weekly basis. Advocacy meetings were held every week (pending public health guidelines) that all residents could attend where they could raise concerns if they wanted to.

According to the records viewed there had been no complaints logged in the centre since January 2020.

Capacity and capability

Overall residents were receiving individualised supports specific to their needs. The centre was resourced in line with the services being provided. However, some improvements were required in the notification of incidents, restrictive practices and residents rights'.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a team of direct support workers two of whom were appointed as team leads. They worked opposite shifts to the person in charge and were responsible for the day to day management and oversight arrangements of the centre when the person in charge was not on duty.

The person in charge was a qualified nurse who had a number of years experience working in the disability sector. They provided good leadership and support to their team and knew the residents well. They reported to the director of services, who was also a person participating in the management of the centre.

From a sample of rosters viewed, there was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The provider also had contingencies in place to cover planned and unplanned leave in relation to the management of COVID-19. This meant that residents were ensured consistency of care during these times. Nursing support was provided where required by the person in charge and nurses employed on the wider campus. An on-call support service was also available for staff on a 24/7 basis.

Staff who met the inspector said they felt supported in their role and were able to raise concerns, if needed, to the person in charge or team leads on a daily basis but also through staff meetings and supervision. Personnel files were not reviewed as part of this inspection.

From a sample of training records viewed, the inspector also observed that staff

were appropriately trained and had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding adults, fire safety, the safe administration of medication, positive behaviour support, infection prevention and control and first aid. Training was scheduled to take place for some staff next week. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre.

Six-monthly auditing reports had also been completed. One action had not been completed at the time of the inspection in relation to a new entrance door. However, the person in charge confirmed that this work was scheduled to take place was planning permission now been obtained for this.

Other audits were also completed in areas like infection control and fire safety. Overall the findings from these audits were, for the most part, compliant. Where areas of improvement had been identified they had been addressed. The provider is also in the process of developing a new audit tool for restrictive practices in line with the national standards. This will be available from the beginning of next year as part of the providers own quality improvement plans.

A review of incidents that had occurred in the centre, found that two incidents had not been reported on a quarterly basis as required under the regulations. In addition, one safeguarding issue, although investigated by the provider had not been notified to HIQA as required.

Regulation 14: Persons in charge

The person in charge was a qualified nurse who had a number of years experience working in the disability sector. They provided good leadership and support to their team and knew the residents well. The inspector observed that they were responsive to the inspection process and were aware of their remit and responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The provider also had contingencies in

place to cover planned and unplanned leave in relation to the management of COVID-19. This meant that residents were ensured consistency of care during these times. Nursing support was provided where required by the person in charge and nurses employed on the wider campus. An on-call support service was also available for staff on a 24/7 basis.

Personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of files viewed, the inspector also observed that staff were appropriately trained and had the required skills to provide a responsive service to the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding adults, fire safety, the safe administration of medication, positive behaviour support, infection prevention and control and first aid. Training was scheduled to take place for some staff next week. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre and six-monthly auditing reports had also been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre, found that two incidents had not been reported on a quarterly basis as required under the regulations. In addition, one safeguarding issue, although investigated by the provider had not been notified to HIQA as required.

Judgment: Not compliant

Quality and safety

Overall residents were receiving a safe and quality service through the provision of individualised supports tailored to the needs of each resident. Some improvements were required to restrictive practices and residents rights.

Each apartment visited was homely and clean and contained a separate bathroom, bedroom/s and an open plan kitchen, dining and seating area.

Residents were supported with their healthcare needs and had access to a wide range of allied healthcare professionals. This included access to GP services, psychology, psychiatry, occupational therapy and speech and language services. Care plans were in place to support residents in achieving best possible health.

Residents were also supported to enjoy best possible mental health and where required had access to behaviour support specialists. Staff had been provided with training in positive behaviour support and were knowledgeable about the support that residents required. These supports were documented in positive behaviour support plans and crisis intervention management plans.

There was a considerable number of restrictive practices in place in order to keep people safe. As discussed earlier in this report these practices were discussed every week with the residents. However, there were no records to demonstrate if the practices being used were reviewed to ensure that they were the least restrictive measure for the resident. This required review.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain controls to mitigate and manage risks. For example; one resident had a risk assessment in place around road safety, which listed the controls in place to keep the resident safe. Staff were aware of these risks also.

Some fire safety measures were reviewed as part of this inspection. All fire fighting equipment and the alarm had been serviced appropriately. A fire drill had been conducted which indicated that all residents and staff could be safely evacuated from the centre in a timely manner. Audits were regularly conducted on fire safety

and a review of these records found good compliance levels.

Infection control measures were in place to manage/mitigate an outbreak of COVID-19. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. Some residents had completed training in infection control also.

There were adequate hand-washing facilities and hand sanitising gels available throughout the apartments and enhanced cleaning schedules were in place. Staff were knowledgeable about what to do in the event that a staff member or resident was suspected of having COVID-19. There were also measures in place to ensure that residents and staff were monitored for possible symptoms on a daily basis.

There were arrangements in place to safeguard residents. All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. A number of safeguarding concerns had been notified to HIQA, these had been reported to the relevant authorities and residents representatives if required. Safeguarding plans had been developed in response to these allegations which included measures to keep people safe. While one measure to install a new door in one apartment was not implemented as yet, the inspector found that the other measures were keeping people safe at the time of the inspection.

Following receipt of a notification from the provider to HIQA relating to residents money going missing in the centre, the provider had put stringent measures in place to safeguard residents' finances and personal possessions. For example; two staff had to countersign records if residents money was lodged or withdrawn. The person in charge was also auditing financial records to ensure accuracy. The provider had also instigated a review of all residents financial records to ensure accuracy. This investigation found another significant discrepancy and the monies had been reimbursed to the resident.

From a review of some financial records over the last number of months, the inspector found that the provider had measures in place to ensure that residents' finances were now safeguarded. The inspector found that in one record a resident had purchased an expensive item for their apartment and followed this up with the resident and the person in charge. The person in charge outlined that residents bought such items if they were not happy with the one provided in their apartment. So for example; one resident had been provided with a small television paid for by the provider. However, the resident told the inspector that they wanted to buy a bigger one for themselves and said they were much happier with this. This arrangement was also outlined in the contracts of care for residents.

Residents were supported by staff to make decisions in the centre through individual weekly meetings where a number of topics were discussed and decided. Residents had access to an advocate or an external authority should they have any concerns around their care that the provider could not resolve.

However, one area required improvement to ensure that residents' rights were being upheld. This related to some of the restrictive practices in the centre. For example; some residents had no access to their finances unless they asked a staff member, this needed to be reviewed in the context of the residents right to have access their own finances.

Regulation 12: Personal possessions

From a review of some financial records over the last number of months, the inspector found that the provider had measures in place to ensure that residents' finances were now safeguarded. The inspector found that in one record a resident had purchased an expensive item for their apartment and followed this up with the resident and the person in charge. The person in charge outlined that residents bought such items if they were not happy with the one provided in their apartment. So for example; one resident had been provided with a small television paid for by the provider. However, the resident told the inspector that they wanted to buy a bigger one for themselves and said they were much happier with this. This arrangement was also outlined in the contracts of care for residents.

Judgment: Compliant

Regulation 17: Premises

Each apartment visited was homely and clean and contained a separate bathroom, bedroom/s and an open plan kitchen, dining and seating area.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. A sample viewed were found to contain controls

to mitigate and manage risks. For example; one resident had a risk assessment in place around road safety, which listed the controls in place to keep the resident safe. Staff were aware of these risks also.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place to manage/mitigate an outbreak of COVID-19. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. Some residents had completed training in infection control also.

There were adequate hand-washing facilities and hand sanitising gels available throughout the apartments and enhanced cleaning schedules were in place. Staff were knowledgeable about what to do in the event that a staff member or resident was suspected of having COVID-19. There were also measures in place to ensure that residents and staff were monitored for possible symptoms on a daily basis.

Judgment: Compliant

Regulation 28: Fire precautions

Some fire safety measures were reviewed as part of this inspection. All fire fighting equipment and the alarm had been serviced appropriately. A fire drill had been conducted which indicated that all residents and staff could be safely evacuated from the centre in a timely manner. Audits were regularly conducted on fire safety and a review of these records found good compliance levels.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and had access to a wide range of allied healthcare professionals. This included access to GP services, psychology, psychiatry, occupational therapy and speech and language services. Care plans were in place to support residents in achieving best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were also supported to enjoy best possible mental health and where required had access to behaviour support specialists. Staff had been provided with training in positive behaviour support and were knowledgeable about the support that residents required. These supports were documented in positive behaviour support plans and crisis intervention management plans.

There was a considerable number of restrictive practices in place in order to keep people safe. As discussed earlier in this report these practices were discussed every week with the residents. However, there were no records to demonstrate if the practices being used were reviewed to ensure that they were the least restrictive measure for the resident. This required review.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents. All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. A number of safeguarding concerns had been notified to HIQA, these had been reported to the relevant authorities and residents representatives if required. Safeguarding plans had been developed in response to these allegations which included measures to keep people safe. While one measure to install a new door in one apartment was not implemented as yet, the inspector found that the other measures were keeping people safe at the time of the inspection.

Following receipt of a notification from the provider to HIQA relating to residents money going missing in the centre, the provider had put stringent measures in place to safeguard residents' finances and personal possessions. For example; two staff had to countersign records if residents money was lodged or withdrawn. The person in charge was also auditing financial records to ensure accuracy. The provider had

also instigated a review of all residents financial records to ensure accuracy. This investigation found another significant discrepancy and the monies had been reimbursed to the resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported by staff to make decisions in the centre through individual weekly meetings where a number of topics were discussed and decided. Residents had access to an advocate or an external authority should they have any concerns around their care that the provider could not resolve.

However, one area required improvement to ensure that residents' rights were being upheld. This related to some of the restrictive practices in the centre. For example; some residents had no access to their finances unless they asked a staff member, this needed to be reviewed in the context of the residents right to have access their own finances.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Orchard Vale Apartments OSV-0005513

Inspection ID: MON-0031088

Date of inspection: 17/12/2020

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The noted unreported Safeguarding incident, has now been submitted on a back dated basis: (NF06) - (NOT-0369767) -Dated: 06.01.2021.</p> <p>The noted unreported Quarterly Notifications, have now been submitted on a back dated basis: (NF39D) - (NOT-0361192) – Dated: 17.12.2020</p> <p>In addition, from 01/01/2021 there is a new recording system with the center, to track and document all notifications including NF39D, this will ensure no further omission occur. The PPIM will also review and document all notifications through the monthly governance process.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Providers internal audit for restrictive practices has been updated to reflect the HIQA issued self-assessment tool.</p> <p>This audit will be completed on monthly basis by the PIC and reviewed by the PPIM to ensure adequate review of all restrictive practices.</p> <p>The process of reviewing restrictive practices will be improved by the introduction of an</p>	

additional checklist to evidence all inputs and considerations taken during restrictive practice reviews.
In addition the restrictive practices in use will be reviewed in each MDT meeting to ensure these are the least restrictive measures for the resident, and that MDT agreement is documented.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The present restrictions on residents' finances will be referred to the Talbot Group Rights Review Committee for detailed review.

The PIC will discuss the current restrictions with advocacy services to ensure they are these are least restrictive measure in line with protecting the resident from financial abuse.

In addition to this, there is a plan in place for each resident to increase their financial independence with minimal staff assistance.

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(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	26/01/2021
Regulation 31(3)(d)	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 injury to a resident not required to be notified under	Substantially Compliant	Yellow	26/01/2021

	paragraph (1)(d).			
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.	Substantially Compliant	Yellow	14/02/2021
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	19/02/2021