



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

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:	22 August 2018
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0021694

About the designated centre

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

Ferndale aims to provide 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. Furthermore we aim to do this within a home like environment that promotes dignity, respect, kindness and engagement for each resident living in Ferndale.

The following information outlines some additional data on this centre.

Current registration end date:	08/01/2020
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
22 August 2018	09:30hrs to 17:00hrs	Andrew Mooney	Lead

Views of people who use the service

The views of the people who use the service were established by speaking with residents and observing them throughout the day. Additionally, documentation relating to complaints & complements were reviewed.

The inspector met and engaged with 5 residents in line with their assessed needs and preferences. The inspector observed positive interactions between residents and staff. It was clear residents were comfortable in the company of staff. Residents spoke fondly of the staff and stated that they were happy and felt safe in the centre.

A number of residents highlighted some concerns they had to the inspector, specifically relating to staff leaving. The provider was aware of these concerns and was working in cooperation with the residents to support them.

Capacity and capability

The centre had the capacity and capability to positively support residents in all aspects of their lives.

The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. There was a suitably qualified and experienced Person In Charge in place. The provider had systems in place to monitor and review the quality of services provided in the centre that were in accordance with the requirements of the regulations. The person in charge had a schedule of monthly audits that covered areas such as health and safety, risk management, notifications and medication. These were reviewed during monthly governance meetings between the person in charge and the registered provider representative. The provider also facilitated monthly person in charge meetings, which acted as a mechanism to share learning among persons in charge employed by the provider.

The use of available resources were planned and managed to provide person-centred services to the residents within the centre. Staff had the required competencies to manage and deliver person-centred, effective and safe services to the residents living in the centre. This included the availability of nursing staff when required.

Training such as safeguarding vulnerable adults, medication, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

However, not all staff had received all mandatory refresher training in a timely manner.

Information on the complaints procedure was available and explained to the residents in an accessible and appropriate format. This included posters being displayed in prominent positions within the centre. Furthermore, the inspector reviewed minutes from residents meetings that highlighted the complaints procedure.

Regulation 14: Persons in charge

There was a suitably qualified and experienced Person In Charge in place

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Not all mandatory refresher training was completed in a timely manner.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistently and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

Quality and safety

Overall, a quality and safe service was delivered to residents. There were some gaps in documentation and not all policies and procedures were followed correctly but this had a limited impact on residents quality of life.

Each resident had a comprehensive assessment of need and an appropriate personal plan. Families and friends were welcomed by the service and they participated in and were regularly involved in residents lives. Each resident received timely, comprehensive multidisciplinary assessment of their health needs which was regularly updated and reviewed. Residents generally had active lives, participating in activities of their choosing. Residents had goals and these appeared to be engaged with. However, improvement in the maintenance of this documentation, was required as it was not always clear how goals were being progressed.

Where safeguarding concerns arose, they were generally investigated appropriately and residents were protected from all forms of abuse . However, the inspector reviewed two incidents that had been investigated internally and whilst safeguarding measures were implemented, these concerns were not reported as required under the centres safeguarding policy.

There was a positive approach to the management of behaviour that was tailored to meet the needs of residents and was appropriate to their ability and capacity. Residents were not subjected to restrictive procedures unless a restriction was assessed as being required due to a serious risk to safety and welfare. However, on the day of inspection the inspector observed a gate that was assessed as being required to be locked at all times, left open. This was brought to the attention of the Person in Charge and was addressed during the inspection.

Risk was generally managed appropriately and there were policies and procedures in place to support this. The provider had initiated reasonable measures to prevent accidents.

The centre had appropriate fire-fighting equipment, fire alarm, emergency lighting and fire safety checks in place. The centre carried out regular fire drills as required by the regulations. However, learning was not taken from these drills and it was

unclear if the provider could ensure that all residents could evacuate the centre in the event of a fire.

Regulation 13: General welfare and development

There were appropriate policies, procedures and practices in place. However, there were some gaps in the maintenance of goal tracking documentation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Whilst there was risk management systems in place, a control measures that were identified to reduce a high risk was not implemented consistently. The exit gate to the centre was left unlocked, despite this being identified as a high risk to residents safety.

Judgment: Not compliant

Regulation 28: Fire precautions

Whilst fire drills were conducted, the fire safety procedure did not sufficiently ensure that in the event of a fire all residents could be safely evacuated from the premises.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

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

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The centre was suitable for the purpose of meeting the assessed needs of each resident.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

2 separate incidents or suspicions of abuse were not appropriately reported in accordance with the centre's policy.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0021694

Date of inspection: 22/08/2018

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 16: Training and staff development	Substantially Compliant
<ul style="list-style-type: none"> Outline how you are going to come into compliance with Regulation 16: Training and staff development <p>Staff are schedule to attend any outstanding training refreshers on the 9th of October 2018</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> PIC and Community Integration Team member to ensure Keyworkers are setting SMART Goals with residents and documenting the progress and tracking of goals effectively Audit of goal tracking will be completed monthly by the Community Integration Team 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>All resident's files have been reviewed and appropriate risk assessments devised or updated.</p> <p>Signage put on gate to ensure staff and residents keep the gate closed at all times</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Where there is any issue with a resident not evacuating during a fire drill, a risk assessment must be completed, the personal emergency evacuation plan (PEEP) must be updated and an action plan devised.</p> <p>An announced fire drill on the 06th Sept and an unannounced fire drill on the 26th Sept to be conducted to measure compliance of residents to the fire alarm and emergency evacuation </p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will ensure all incidents or suspicions of abuse are appropriately reported in accordance with the centre's policy. </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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	4 th October 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30th of October 2018
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Not Compliant	Orange	22 nd August 2018

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	6 th September and 26 th \September 2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	23 rd August 2018