



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

Name of designated centre:	Meadowview Bungalows 1 & 2
Name of provider:	Redwood Neurobehavioural Services Limited
Type of inspection:	Announced
Date of inspection:	20 February 2018
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0020826

## About the designated centre

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

The centre provides residential services to adults 18 years and over, who present with a diagnosis of autism. There are two purpose built bungalows within this centre, accommodating a total of ten residents. Each unit is fully wheelchair accessible and each resident has their own bedroom. Two of the bedrooms are en-suite. Each unit consists of a kitchen, utility and separate dining room. Furthermore, there are three communal living areas available to residents. Each unit also has two bathrooms and two wc's available. There is also a communal garden available to residents. The centre is located a short drive from a village in Meath.

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

Current registration end date:	21/07/2018
Number of residents on the date of inspection:	10

## 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 and information submitted by the provider or person in charge 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 to 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 summarize our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions:

### **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
20 February 2018	10:00hrs to 18:00hrs	Andrew Mooney	Lead

## Views of people who use the service

In response to the needs of residents, the inspector did not engage verbally with residents for any extended time. The inspector's judgements in relation to the views of the people who use the service, relied upon a brief observation of some residents, documentation, some completed surveys and discussions with the management team.

## Capacity and capability

The governance and management arrangements within the centre did not ensure there was sufficient staff to meet the assessed needs of residents. This led to a number of adverse incidents which negatively impacted on the quality of life residents.

Whilst the provider had made a concerted effort to address the lack of staff, ultimately the centre was still unable to cover all the planned shifts on the roster. Additionally, it was unclear if the staffing arrangements outlined by the provider would meet the current assessed needs of residents. For instance, numerous residents required a two to one ratio whilst out in the community, this reduced the overall staffing numbers within the centre to a level that prevented other residents from accessing the community at the same time.

Staff were provided with suitable training such as fire safety, manual handling, positive behaviour support and autism training. That being said, there were some gaps in this training. The provider was aware of these gaps and had made arrangements to address them and ensure all mandatory training was provided.

The statement of purpose accurately reflected the facilities and services currently provided in the centre and contained all the information required in schedule one of the regulations.

Whilst the provider had a log of all accidents and incidents, some were not reported to HIQA as required by the Regulations. These incidents had been reviewed by the multi-disciplinary team but they were not identified as notifiable events.

### Regulation 15: Staffing

There was insufficient staffing levels to meet the assessed needs of residents. Furthermore, it was unclear how the current staffing arrangements would meet residents' assessed needs.

Judgment: Not compliant

### Regulation 16: Training and staff development

The education and training available reflects the statement of purpose.

Judgment: Compliant

### Regulation 22: Insurance

The provider has relevant insurance as required by the Regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements did not ensure that residents' needs were being adequately met.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose accurately reflected the facilities and services currently provided in the centre and contained all the information required in schedule one of the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

While there is a log of all accidents and incidents, some were not reported to HIQA as required by the Regulations.

Judgment: Not compliant

## Quality and safety

The arrangements within the centre to manage some risks were inadequate. There were repeated instances of residents being impacted upon negatively as a result of unacceptable peer to peer incidents, which adversely affected their quality of life.

Residents had access to positive behaviour support. However, some support measure put in place for residents were not adequately supporting them. This resulted in unacceptable peer to peer incidents occurring within the centre. Furthermore, some environmental restrictions were not being applied in accordance with the regulations. For instance some cupboards were locked despite there being no clear rational.

Residents had a comprehensive assessment of need and a personal plan in place. These were developed with developed in conjunction with relevant allied health care professionals. However, residents were not supported to engage in activities that were meaningful to them or in line with their assessed needs. For instance, residents goals were not being adequately supported and there was a lack of evidence that these identified goals were being progressed.

## Regulation 13: General welfare and development

Residents did not have appropriate opportunities to participate in activities in accordance with their interests.

Judgment: Not compliant

## Regulation 26: Risk management procedures

The systems in place did not adequately assess, manage or review some risks that presented within the centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment completed in relation to the health, personal, and social care needs of residents. Personal plans were developed in line with residents' identified needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

It was unclear if positive behaviour support measures were adequately supporting residents' with their assessed needs. Additionally, it was unclear if environmental restrictions being used were applied in accordance with national policy and evidence based practice.

Judgment: Not compliant

### Regulation 8: Protection

Residents were not adequately protected against all forms of abuse.

Judgment: Not compliant



## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0020826

Date of inspection: 20/02/2018

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Continued recruitment drive. There is now adequate number of staff with the appropriate skills and qualifications to meet the needs of the residents. There is one annual leave cover required.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Each resident has a personal plan which details their needs and outlines the supports they require to maximize their personal development and quality of life. Each resident exercises choice and control in their daily life, in line with their preferences and assessed needs. Residents are regularly involved with activities of their choosing including horse riding, arts and crafts and baking. The privacy and dignity of each resident is respected. Where required, residents have access to positive behavior support. Staff are familiar with the recommendations from the positive behavior support team and this promotes a positive quality of life for residents.</p>	
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>All incidents continue to be reported as and when required and per regulations.</p>	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>Each resident now has appropriate access to participate in activities based on their assessed needs.</p> <p> </p>	
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>Arrangements are now in place to identify risks and a thorough system is now in place to record, investigate and learn from any serious incidents that involve residents.</p> <p> </p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Any restrictive procedures are now implemented in accordance with evidence based practice.</p> <p> </p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Safeguarding of residents is high priority with the centre and all staff are aware of the implications of safeguarding.</p> <p> </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.	Not Compliant	Orange	25/04/2018
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	25/04/2018
Regulation 23(1)(c)	The registered provider shall ensure that	Not Compliant	Red	25/04/2018

	management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	25/04/2018
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	25/04/2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	25/04/2018