



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

Name of designated centre:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	20 September 2018
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0024979

## About the designated centre

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

Orchard Vale provides a residential service for 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 our model of Person Centred Care and Support. Our services at Orchard Vale are provided in a home like environment that promotes dignity, respect, kindness and engagement for each resident. We encourage and support the residents to participate in the community and avail of the amenities and recreational activities.

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

Current registration end date:	01/05/2021
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
20 September 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 all residents. The inspectors judgements in relation to the views of the people who use the service, relied upon observation of residents, documentation, brief interactions with some residents, speaking with 2 parents and discussions with staff.

Overall, the inspector found that residents were happy within the centre. They engaged with some activities within the community and were building towards engaging with more. Residents had very good links with family and residents were supported to make their family feel welcome at the centre. The inspector met with 2 residents who lived in the centre and spoke with one resident for an extended period. This resident said they were very happy living in the centre.

## Capacity and capability

The centres capacity and capability to support residents was negatively effected as at times there were insufficient numbers of staff available to support residents with their assessed needs.

There was a planned and actual roster maintained in the centre. The inspector reviewed a sample of the staff rosters and found that there was an insufficient number of staff in place. Furthermore, improvements were required in the continuity of care and support. There were currently 4 whole time equivalent vacancies in the staffing complement of the centre and this led to an over reliance on the use of relief staff.

The centre staff had access to training in line with the statement of purpose. However, not all refresher training had been completed in a timely manner.

There were clearly defined management structures which identified the lines of authority and accountability in the centre. The staff team reported to the person in charge, who was supported by a team leader. Residents and staff could clearly identify how they would report any concerns about the quality of care and support in the centre. The provider had arrangements in place to monitor the quality of care and support in the centre through regular governance meetings. However, there was a new person in charge in the centre and the provider had not notified the Chief Inspector of this change.

There was a written statement of purpose in the centre which contained all the

required information set out in the regulations.

### Regulation 15: Staffing

Staffing levels were insufficient to meet the assessed needs of residents. Furthermore, there was an over reliance on on the use of relief staff and this resulted in a lack of continuity for residents.

Judgment: Not compliant

### Regulation 23: Governance and management

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

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The chief inspector had not been notified of the absence of the person in charge, as required by the regulations.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff had access to education and training that reflected the statement of purpose.

However, some staff had not received appropriate refresher training

Judgment: Substantially compliant

## Quality and safety

The designated centres quality and safety was negatively affected as a result of the poor implementation of some organisational systems. In particular improvements were required with the premises, fire safety management, personal planning and positive behaviour supports.

The centre had systems in place for the management of fire. However, improvements were required. The inspector found that equipment such as extinguishers, emergency lighting and the fire alarm were appropriately serviced. The centre had personal emergency evacuation plans in place for each resident, which outlined how to support each resident in the event of an evacuation. However, the inspector observed some fire doors wedged open and others that did not close correctly. The inspector sought immediate assurances regarding these issues and they were addressed on the day of inspection.

The inspector reviewed a sample of personal plans and found that there was a comprehensive assessment used to identify the individual health, personal and social care needs of each resident. The outcome of these assessments was used to inform an associated plan of care for the residents and this was recorded as the residents' personal plan. The plans reviewed outlined residents needs and demonstrated that residents had access to a general practitioner (GP) and a range of allied health professionals. However, not all personal plans had been reviewed and updated to reflect substantial changes.

Positive behaviour support plans were in place for residents where required. The inspector reviewed a sample of positive behaviour plans which guided staff on how best to support residents. However, improvements were required in the consistent implementation of these plans. It was unclear if the interventions prescribed were implemented consistently. Some residents' support plans included the need to implement structured daily activities and sensory activities. However, there was no evidence that this was occurring consistently. Furthermore, a sensory activity which had been identified by the occupational therapy department had not been built into the residents weekly activity schedule. Additionally, an occupational therapy report outlining essential adaptations that were required within the premises to support residents assessed needs, had not been implemented in a timely manner.

The centre maintained a risk register which outlined the risks in place in the centre such as slips, trips and falls and other centre specific risks. In addition, individualised risk assessments were completed for residents.

The centre had a policy in place in relation to medication and there

was established medication practices in place. The inspectors found that medication was appropriately stored and systems were in place for the return of out-of-date or unused medication to the local pharmacy. There were arrangements in place for the management of controlled medication. Staff were appropriately trained in the administration of medication within the centre. Some residents were prescribed PRN medicines, however, the practice relating to the administration of some emergency epilepsy medication required review. It was unclear if the PRN support plans were consistent with the associated prescription documentation. The prescription sheets were consistent with the recommendations of the prescribing neurologist. However, the PRN protocols that guided staff practice were not consistent with these. The provider outlined that this was as a result of an organisational decision but the centres policy on medication management and administration did not clearly outline this approach. Furthermore, not all PRN guidance documentation was signed by the prescribing doctor.

### Regulation 17: Premises

Parts of the designated centre were not meeting the assessed needs of a resident. Despite occupational therapy recommendations, essential environmental adaptations had not been implemented within a timely manner.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Arrangements were in place to ensure risk controls measures were relative to the risk identified.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire containment measures within the designated centre were insufficient. This included fire doors being wedged open and others not closing appropriately.

Judgment: Not compliant

### Regulation 6: Health care



Appropriate healthcare was made available for each resident, having regard to residents' personal plans.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need which informed an associated plan of care.

However, not all plans had been reviewed or updated appropriately to take into account new developments.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Therapeutic interventions had been developed to support residents with their behaviour support needs.

However, it was unclear if these interventions were being implemented consistently. This included a lack of sensory activities and/or structured activity timetables as indicated by residents' behavioural support plans.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Some PRN support plans required improvement as it was unclear if the guidance within these documents was consistent with the associated prescription sheets. Furthermore, not all PRN guidance documentation was signed by the prescribing doctor.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 16: Training and staff development	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

# Compliance Plan for Orchard Vale Apartments OSV-0005513

Inspection ID: MON-0024979

Date of inspection: 20/09/2018

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: The rosters are fully staffed with the 20 staff members required for the designated centre. There are 3 relief staff available to Orchard Vale, two of these staff have worked within the designated centre since June 2018 and the third staff commenced in August 2018	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:  An interim NF30 has been submitted by the service on the 20 <sup>th</sup> September to inform the inspector of the recent change of PIC within the DC. All documentation has been sent to HIQA for the PIC on the 23 <sup>rd</sup> October 2018	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: No permanent staff have outstanding mandatory training required. There is fire training scheduled for two relief staff on the 15 <sup>th</sup> November, this date has been set to ensure that the relief staff with college commitments etc are available to attend	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Environmental recommendations for resident 0158 have been implemented and padding has been put on all areas identified by the occupational therapist.	

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Any issues pertaining to non-compliance of regulation 28 where amended on the day of the inspection. The fitting of a maglock door system on resident 0158's bedroom door is in progress and will be completed by 16 <sup>th</sup> November 2018	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Since the inspection resident 0172's individual assessment and personal plan have been reviewed and updated to reflect his current status.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  Resident 0158's daily timetable and goals incorporate all recommendations from his Positive behaviour support plan and all MDT recommendations. Engagement or non-engagement in activities offered are also documented within resident's activity trackers. All staff members have been updated on resident 0158's PBSP	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All PRN guidance documentation signed by prescribing doctor. The PRN protocol for the administration of buccal midazolam has been reviewed by the consultant psychiatrist and a new protocol with clear guidelines for the staff has been disseminated and implemented.	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	1 <sup>st</sup> October 2018
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01 <sup>st</sup> October 2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	15 <sup>th</sup> November 2018

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	26 <sup>th</sup> September 2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	25 <sup>th</sup> September 2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Not Compliant	Orange	19 <sup>th</sup> October 2018

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 32(1)	Where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the chief inspector of the proposed absence.	Not Compliant	Orange	23 <sup>rd</sup> October 2018
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	25 <sup>th</sup> September 2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed	Not Compliant	Orange	15 <sup>th</sup> October 2018



	consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
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