



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

Name of designated centre:	Evergreen Lodge
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	27 September 2018
Centre ID:	OSV-0005723
Fieldwork ID:	MON-0024307

About the designated centre

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

Evergreen Lodge provides 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, and behaviours which challenge. 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 Support. Our services at Evergreen Lodge 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 to avail of the amenities and recreational activities. Evergreen Lodge is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible. There are 4 individual bedrooms plus an additional bedroom with adjacent living room. There is one shared bathroom with WC, one shared shower room with WC, plus 1 separate WC as well as a staff WC. All bedrooms are fitted out to a very high standard and residents are supported to decorate their rooms as they please and are encouraged to personalise their room with their own items.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
27 September 2018	10:00hrs to 19:00hrs	Andrew Mooney	Lead

Views of people who use the service

During the inspection the inspector met with 5 residents and engaged with them in line with their assessed needs. The inspectors judgements in relation to the views of residents were established from speaking with some residents, speaking with staff and reviewing documentation.

During the inspection, it became apparent that some residents were unhappy living in the centre. Some residents told the inspector they felt scared in their home and had made formal requests to transfer to new centres. However, whilst the provider was aware of the residents wishes, they were yet to facilitate these transitions. Residents spoke fondly of staff within the centre and said they were comfortable raising their concerns with staff and with management.

Residents were supported to maintain relationships with family and friends and engaged in community activities, in line with their assessed needs. Residents enjoyed visiting family, going on walks and going to local coffee shops.

Capacity and capability

Overall, there was a clearly defined management structure in place in the centre and management systems were in place. However, these required improvement to ensure that the service provided was safe and of good quality.

The inspector reviewed the admission practice within the centre and found that these practices required improvement to take account the need to protect residents from abuse by their peers. The inspector reviewed a recent admission to the centre and found that the provider had failed to complete an adequate pre-admission assessment. Therefore, the provider failed to satisfactorily assess the impact this new admission could have on current residents. Despite additional staffing resources been made available, adverse peer to peer incidents had occurred, which negatively effected the quality of life of some residents.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. 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 provider carried out six-monthly unannounced visits and an annual review of the quality and safety of care in the centre. However, taking into account the cumulative findings of this report the inspector was not assured that the current systems of governance and management in place were effective in ensuring a safe or appropriate service to the residents.

There was a planned and actual roster maintained in the centre. The inspector reviewed a sample of the staff roster and found that there was a sufficient number

of suitably qualified staff in place.

Staff training records showed that all staff had up-to-date training including safeguarding vulnerable adults and fire safety. In addition, staff had received training to support residents with specific identified support needs.

There was a complaints procedure in place and complaints and concerns were generally listened to. However, on one occasion a documented complaint was not managed as per the centres policy. Documentation relating to the complaint indicated that the complaint was not addressed within the time frame set out within the providers policy. Furthermore, it was unclear if the complainant was satisfied with the outcome of the complaints procedure.

Regulation 15: Staffing

Staffing levels took into account the statement of purpose and size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received ongoing training that was relevant to the needs of residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A resident was admitted to the centre without an appropriate impact assessment being conducted prior to their admission. This contributed to adverse peer to peer incidents occurring, which negatively effected the quality of life of some residents.

Judgment: Not compliant

Regulation 34: Complaints procedure

Not all complaints were managed in line with the centres policy. In one instance a complaint was not investigated within a timely manner and the satisfaction level of

the complainant was not recorded.

Judgment: Not compliant

Regulation 23: Governance and management

Taking into account the cumulative findings of this report the inspector was not assured that the current systems of governance and management in place were effective in ensuring a safe or appropriate service to the residents.

Judgment: Not 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 in the centres management of risk and its approach to the protection of residents.

As highlighted within the capacity and capability section of the report, there had been new admissions to the centre since the last inspection. On review of a sample of admission documentation and from speaking with members of the management team, the inspector was not assured appropriate practices were in place. The inspector found that on this occasion the admissions procedure impacted negatively on the quality of life of some residents and did not adequately take account of the need to protect residents from abuse by their peers. Whilst the centre had policies and procedures on the prevention, detection and management of abuse. The inspector found that not all residents were adequately protected. Furthermore, due to the continued frequency and pattern of these incidents and the impact that these incidents had on some residents, the inspector found the providers responses were ineffective.

In general the provider initiated an investigation in relation to incidents, allegations or suspicions of abuse. However, the inspector reviewed documentation relating to allegations of abuse that had not been appropriately investigated. This was raised with the provider during the inspection and written assurances were given post 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. However, the inspector found that the the designated

centre was unsuitable for the purposes of meeting the assessed needs of each residents, as indicated within their comprehensive assessment of need. For example the assessed needs of some residents indicated that individualised living arrangements were required to support their assessed needs.

The centre maintained a risk register which outlined the risks in place in the centre such as slips, trips and falls, staff shortages and behaviour. However, it was unclear if the centres overall approach to managing risk was appropriate. There was a very high level of incidents recorded within the centre with eighty five documented incidents occurring within the previous 4 months. The systems in place failed to sufficiently reduce the re-occurrence of these incidents. Individualised risk assessments were completed for residents including assessments relating to physical aggression on transport and during personal care. However, the inspector found that these risk assessments required review, as they were not in keeping with the providers policy on risk management. For example some risk scores were calculated incorrectly, which led to high risks not being reviewed appropriately. Furthermore, other medium rated risks were only reviewed annually but the centre policy indicated they should have been reviewed every six months. It was also unclear how the documentation of incidents and their review influenced the centres overall risk management system.

Positive behaviour support plans were in place for residents where required. The inspectors reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. However, improvements were required in the consistent implementation of these plans. Some staff spoken with, outlined different approaches to managing behaviours of concern. Some of these approaches were contrary to the prescribed therapeutic approaches within the residents positive behaviour support plans.

The centre had systems in place for the management of fire. The equipment such as extinguishers, emergency lighting and 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.

Regulation 26: Risk management procedures

The system in place within the designated centre for the assessment and ongoing review of risk required improvement. Reviews of risks were not conducted in line with the centres own guidance. Additionally, there was an extremely high level of serious incidents and the additional control measures implemented appeared ineffective.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable fire equipment provided and it was serviced as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Despite all residents having comprehensive assessments of need that informed associated personal plans, the designated centre was unsuitable for the purpose of meeting the assessed needs of all residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Appropriate interventions were in place for residents with behaviours that challenge or residents who were at risk from their own behaviour. However, not all staff were fully aware of the prescribed interventions to support residents.

Judgment: Substantially compliant

Regulation 8: Protection

Not all incidents or suspicions of abuse at the centre had been investigated as required.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Evergreen Lodge OSV-0005723

Inspection ID: MON-0024307

Date of inspection: 27/09/2018

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Admission policy and the Transition & Transfers policy for the service have been reviewed and has been signed off by the policy group on the 18th October 2018. An impact assessment has been developed and has been added to the Admission policy and the Transition & Transfers policy. All residents moving into a designated centre will have an impact assessment completed prior to admission. This assessment will assist in informing the team of the compatibility of residents.</p> <p>Residents (0071& 0157) who have transitioned into Evergreen Lodge since the 28th September 2018 had an impact assessment completed as part of the transition process.</p> <p>Any new resident being considered for admission to the service will have an impact assessment completed as part of their initial assessment to ensure that the resident will be compatible with the current residents living in the designated centre.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints are now investigated in line with the centers’ policy. The complaint in question has been closed off and the complainant is satisfied in line with the complaint’s procedure.</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>There are clear lines of accountability for decision making and responsibility for delivery of service to residents which is effective in ensuring a safe and appropriate service for the resident.</p>	

There are scheduled monthly governance meetings with the RPR and the PIC which is supported by a process/procedure to ensure all aspects of the service are reviewed. The RPR meets with the Operations Services manager on a weekly basis to discuss any issues within the Centre and the Operations Services manager appraises the CEO of these issues at their weekly meeting.

There is a process for monitoring notifications in place and the Compliance manager discusses these at a weekly meeting held with the Operations Services Manager and the CEO.

An addendum has been added to the Abuse policy to inform staff on the management of any disclosure made by a resident and there is a critical incident review process in place.

In addition to the oversight arrangements, there is an 24hour on-call service available to the staff in the absence of the PIC.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 Risk assessments are all in place and are rated accordingly. The review dates for the risk are in line with our policy.

The Risk Register is continually reviewed and updated.

All incidents are reviewed and investigated as necessary.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 A review of the service provided and resident was undertaken and transitions commenced following this (transition plan previously submitted). All new residents had an impact assessment completed to ensure the suitability and compatibility of residents. There are comprehensive plans in place for each resident.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 In relation to the positive behavior support plan, support is provided for the staff team regarding implementation and guidance on the management of the behavior that is challenging.

All staff have read and signed off each resident’s behavioural support plan which provides guidance to staff on the therapeutic approaches required for the resident.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
Written assurances were given to the Inspector post-inspection, with regard to the incident in question

The Adult Protection policy was referred to the Policy and Procedure group for review. An addendum has been added to advise staff members on the procedure to follow if a resident makes an allegation relating to a previous service. The policy is awaiting sign off at the next Policy Group meeting.

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 23(1)(c)	The registered provider shall ensure that 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.	Not Compliant	Red	31/10/2018
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Red	31/10/2018
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	Not Compliant	Red	30/11/2018

	system for responding to emergencies.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	13/11/2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	13/11/2018
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Red	31/10/2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the	Substantially Compliant	Yellow	13/11/2018

	personal planning process.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	31/10/2018
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Not Compliant	Red	31/10/2018