



Office of the Chief Inspector

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:	Announced
Date of inspection:	14 August 2019
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0022473

About the designated centre

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

Ferndale provides 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. The centre is a detached two storey building, consisting of six bedrooms, a kitchen, living-dinning area, staff office and two bathrooms. The centre can support a maximum of 5 residents and is situated a short distance from a town in Co.Meath. The centre is staffed by a person in charge, team leaders and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
14 August 2019	09:30hrs to 16:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking with four residents, observing residents, and reviewing documentation.

The residents that spoke to the inspector said they were very happy in their home. Residents told the inspector they were engaged in meaningful activities within their community and were supported to attend events of their choosing. Residents questionnaires noted high levels of satisfaction and highlighted they enjoyed engaging in activities within their community and staff supported them with this.

Residents told the inspector that if they were unhappy about something, they would feel comfortable raising their concerns. Furthermore, a resident indicated to the inspector that they had decided to move to another designated centre. They told the inspector they had visited their new home and that were very excited about the move.

Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

A statement of purpose was in place and it accurately described the designated centre's aims and objectives and the services provided. A copy of the statement of purpose was available to residents and their representatives.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and

promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. Furthermore, the inspector spoke with a number of staff and found them to be knowledgeable about residents needs.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Complaints were managed in a timely manner and were used to make improvements in the service provided. Residents told the inspector they understood the complaints procedure and were confident that if they raised a concern, it would be managed appropriately.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enables them to provide care that reflects up-to-date, evidence-based practice. Staff were also supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

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 34: Complaints procedure

Complaints were well-managed and brought about changes when required.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, improvements were required in the area of medicines management.

The centres practice relating to the management of medicines was generally good. However, there was insufficient guidance available to staff relating to the administration of some PRN (as required medicines). This resulted in there being a lack of clarity for staff in the management of a particular medical condition. This was discussed with the person in charge and immediate steps were taken to address these concerns.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community and this enhanced their quality of life.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. Residents had been supported to access all relevant national screening initiatives. This resulted in residents being supported to achieve their optimal health.

Residents' privacy and dignity was respected at all times. This was evident in the respectful way in which staff communicated with residents. Residents were encouraged and supported to direct how they wished to spend their days, based on

their preferences. This was captured well within weekly residents meetings, where there was evidence that residents were consulted and participated in how the centre was planned and run.

On walking around the premises, the inspector observed it to be warm, clean, welcoming and homely. It was very evident that it had been recently redecorated and residents said they were very happy with the outcome. Residents bedrooms were individually decorated and this further enhanced the homeliness of the centre.

Residents' food and nutritional needs were assessed and used to develop personal plans that were implemented into practice. Staff were equipped with the appropriate level of knowledge, skills and competence to ensure that the food and nutritional needs of each resident were met. The inspector observed wholesome and nutritious food being served during the day and residents had access to appropriate snacks throughout the day.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. Residents told the inspector they felt safe and this was also reflected in the majority of residents' questionnaires.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held, however these drills did not reflect all possible scenarios and therefore required some improvement. Accessible fire evacuation procedures were on display in the centre.

During the inspection the inspector observed transition plans that were at different stages. The transition of residents within the service was carried out in consultation with each resident. They were well planned and appropriate supports were put in place to support residents during this time.

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. The physical environment was clean and kept in good structural and decorative repair.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate amounts of food which were wholesome, nutritious and

offered choice. The advice of dieticians and other specialists was implemented.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a lack of appropriate guidance on the administration of certain as required medicines, which could lead to medicines not being administered as prescribed. Furthermore, where residents self-medicate there was no evidence that appropriate assessments had been carried out in relation to their capacity.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which reflected their assessed needs and outlined the supports required to maximise their personal development.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted and participated in how the centre was planned and run.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There was suitable fire containment measures in place. However, while fire drills were being completed regularly, they did not reflect all possible scenarios.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports were in place, when residents transferred between or move to a new service.

Judgment: 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0022473

Date of inspection: 14/08/2019

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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Self-administration assessments completed with each resident in Ferndale to outline individual capabilities.</p> <p>Residents specific need updated to provide more detailed guidance on the administration of ‘as required’ medication. Medication Kardex’ updated; all ‘as required’ medication written on appropriate Kardex to ensure no confusion and minimize potential medication errors.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Nighttime evacuation completed with the minimum amount of staff and maximum number of residents. Thus, reflecting all possible scenarios.</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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/09/2019
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 and administration of medicines to ensure that medicine which is prescribed is	Not Compliant	Orange	19/09/2019

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	30/08/2019