



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview Bungalows 1 & 2
Name of provider:	Redwood Neurobehavioral Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	11 December 2019
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0024783

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 10 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 centre is staffed by a combination of staff nurses, support staff and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Wednesday 11 December 2019	12:00hrs to 19:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In response to the needs of residents the inspector did not engage with residents for any protracted periods. The inspector engaged with residents in line with their assessed needs, which included brief interactions, observation and the review of documentation.

The inspector observed very positive interactions between staff and residents during the inspection. Residents appeared very comfortable in the company of staff and the inspector observed residents going out to participate in community activities throughout the day. The atmosphere within the centre was calm and residents were supported in a low arousal environment.

Capacity and capability

The registered provider and person in charge were ensuring a 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. However, some improvements were required relating to the management of volunteers and the submission of relevant quarterly notifications.

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. Monthly governance meetings were held by the Head of Extended Care Residential Services and the person in charge, these meetings identified areas requiring improvement. The provider ensured that time bounded action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement, which promoted quality outcomes for residents.

The inspector spoke with a number of staff and found them to be genuinely interested and knowledgeable about residents needs. This led to an environment where residents were supported in a caring environment. 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.

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. The inspector also reviewed a sample of staff supervision records and found staff were supervised appropriate to their role.

The provider had a system in place to ensure volunteers working within the centre were suitably vetted and received on-going supervision. However, improvements were required in the documentation of volunteers roles and responsibilities. This was required to ensure volunteers working within the centre were clear on their scope of responsibility.

There was a clear planned approach to admissions within the centre and this included the opportunity for residents to visit the centre prior to admission, where appropriate. Admissions to the centre were timely, determined on the basis of fair and transparent criteria and placements were based on written agreements with the provider. Appropriate assessments of suitability of placements were completed prior to admission, which ensured the suitability and compatibility of residents living within the centre.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Staff discussed the complaints process with residents regularly, during residents meetings. Staff were also familiar with the policy and could explain to the inspector how they would manage any complaints received.

On review of the centres notifications and other documentation, it was evident that not all quarterly notifications had been notified to the Office of the Chief Inspector. The provider had not ensured that all restrictive practices implement within the centre were notified as required.

Regulation 15: Staffing

There were 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

The education and training available to staff enabled them to provide care that

reflects up-to-date, evidence-based practice.

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 24: Admissions and contract for the provision of services

The centre's admissions process considers the wishes, needs and safety of the individual and the safety of other residents currently living in the service. A written contract for the provision of services is agreed on admission to the centre.

Judgment: Compliant

Regulation 30: Volunteers

Volunteer roles and responsibilities were not set out in writing as required within the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Not all quarterly notifications had been notified to the Office of the Chief Inspector as required

Judgment: Not compliant

Regulation 34: Complaints procedure

Complaints were recorded , well managed and brought about changes when required.

Judgment: Compliant

Quality and safety

Overall residents received a very good quality and safe service within the designated centre. 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 centres management of positive behaviour support plans and the response to learning from adverse incidents.

The design and layout of the premises ensured that each resident living in the centre could enjoy living in an accessible, safe and comfortable environment. Each resident had their own bedroom and their was sufficient bathrooms to meet the needs of residents. There was ample communal living space and this promoted independence, recreation and supported residents to have a good quality of life.

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. 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. Where appropriate, residents were supported to access the national screening service. This resulted in residents being supported to achieve their optimal health.

Positive behaviour support plans were in place for residents where required. However, the inspector noted that at times staff practice relating to the support of some residents was not consistent with the prescribed positive behaviour support plans in place. This practice required review. Furthermore, the implementation of some restrictive practices was inconsistent. These required review, to ensure residents were not being unnecessarily restricted and to promote a restraint free environment.

Transitions between services were managed to ensure continuity in residents' lives and to meet their specific needs. Furthermore, transitions were carried out in consultation with each resident and all transitions occurred in a timely manner with planned supports in place. This resulted in staff who knew residents moving with

residents as required. During the inspection the inspector spoke with a number of residents who had recently moved to the centre, they were all very clear that they were very happy in their new home.

There were appropriate equipment and 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 and accessible fire evacuation procedures were on display in the centre.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. Any incidents that did occur were reviewed for learning and however, the learning from these incidents wasn't always implemented within a timely manner.

Regulation 17: Premises

The premises met the needs of all residents and the design and layout promoted residents safety, dignity, independence and wellbeing.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and on-going review of incidents. However, learning identified in successive adverse incidents was not implemented in a timely manner.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan, prepared no later than 28 days after admission to the centre, which reflected the residents' assessed needs and outlined the supports required to maximise the residents' personal development in accordance with his or her wishes.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Not all positive behaviour support plans were being adhered to as prescribed. Furthermore, not all positive behaviour support plans had been reviewed at least annually. Restrictive practices required review as some were being inconsistently applied.

Judgment: Not 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 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant

Compliance Plan for Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0024783

Date of inspection: 11/12/2019

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 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: The service policy for student placements is being incorporated into the policy for volunteers. The new policy will include the roles and responsibilities for students on placement in the service.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All restrictions in the centre will be returned in line with the regulations on a quarterly basis.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: An MDT meeting was held on 08/01/2020, during which the resident's behaviours were discussed with the Head of Psychology and a new PBSP with learning from incidents will be in place by 17/01/2020.	

Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: An MDT was held on 08/01/2020 to discuss the PBSP of the resident concerned. The resident's behaviours were discussed with the Head of Psychology and a new PBSP plan will be in place by 31/01/2020	

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 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.	Substantially Compliant	Yellow	17/01/2020
Regulation 30(a)	The person in charge shall ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	29/02/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of	Not Compliant	Orange	31/01/2020

	the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/01/2020
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 personal planning process.	Substantially Compliant	Yellow	31/01/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the	Not Compliant	Orange	31/01/2020

	shortest duration necessary, is used.			
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