



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 Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	29 July 2020
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0030094

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. The centre is located a short drive from a village in Meath. 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 toilets available. There is also a communal garden available to residents. 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:	9
--	---

How we inspect

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 29 July 2020	10:00hrs to 16:00hrs	Noelene Dowling	Lead
Wednesday 29 July 2020	10:00hrs to 16:00hrs	Julie Pryce	Support

What residents told us and what inspectors observed

The inspectors met and engaged with six of the residents who interacted in their own preferred manner. They allowed the inspectors to observe some of their routines and activities. Inspectors observed positive interactions between residents and staff and it was clear residents were comfortable in their company. A number of the residents had their own living space, including bedroom, bathroom and sitting room, with their preferred possessions evident, but they accessed the main living areas of the houses as they wished.

Staff engaged positively with the residents and demonstrated that they knew and understood the individual communication and support needs of the residents very well.

The residents were observed to be content in their own space, going out for walks and using their preferred sensory and comfort objects. They were seen to have choice in their routines during the day, depending on how they were feeling, and staff assisted them in preparing for visits and activities.

Capacity and capability

This risk inspection was carried out in response to information of concern received by the Chief Inspector. The provider was requested to provide written assurances in relation to a number of these concerns but given the nature of the information it was decided that an unannounced risk inspection was required to provide assurances as to the safety and welfare of the residents. The inspection focused on specific areas of concern including safeguarding, behaviour support, restrictive practices, admission procedures, risk management and infection prevention and control.

There were a number of areas for improvement noted during the inspection. These included restrictive practices, the provision of a suitable care environment, admission and discharge procedures and staffing levels on some occasion.

However; overall the inspectors found the care practices were supportive of the residents, who had very complex support needs. Inspectors found suitable governance structures and reporting systems in place. There was a newly appointed person in charge in post, at the time of the inspection the provider had yet to submit evidence to the Chief Inspector that the post holder had the relevant experience to carry out the role. The inspectors found that there were suitable systems in place for the induction and support of the person in charge.

The provider had quality assurance systems in place, there was evidence that these were implemented and included a range of audits with regular reviews. Actions identified from these audits and reviews had been developed and were being monitored for completion. The provider's unannounced visits were being undertaken as required by the regulations and the annual report for 2019 was completed. While this was a detailed review, the inspectors found that it did not take account of the views of the residents, or in this instance, their representatives.

The impact of the COVID-19 crisis had been well managed for the most part. The provider had ensured ongoing communication and support to the families of residents, and had introduced strategies to minimise the effect of national restrictions. However, three admissions had taken place in a short space of time just prior to the inspection, and inspectors were not assured by the information presented on the day, that the needs of the current residents had been considered in these decisions.

The staffing levels and skills mix were appropriate to meet the needs of residents under normal circumstances. There was a very high staff ratio provided, and a number of residents had one-to-one or two-to-one supports. However, as outlined in the quality and safety section of this report, at times the complexity of need, and numbers of staff required, in times of crisis or for external activities, impacted on residents' access to these activities. While arrangements were outlined as to how these periods were managed there was evidence that this was not consistently managed.

Training records were maintained and presented during the course of the inspection. Staff training was up to date, and there was evidence that staff had received training appropriate to the needs of residents, including the administering of emergency medicine, specific behaviour support interventions, and autism specific training. There was evidence of good staff supervision systems in place and, with the easing of some restrictions, team meetings had recommenced. Staff files were not reviewed on this inspection.

From a review of the accident and incident records and speaking with staff the inspectors were satisfied that the required notifications were being submitted to the Chief Inspector. There was one formal complaint recorded. From a review of the records this had been addressed satisfactorily.

Regulation 15: Staffing

The centre was generally very well resourced in terms of staffing and suitable skill mix with nursing support. However, as outlined in the quality and safety section of this report, at times the complexity of need, or crisis impacted on residents access to recreation and activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Mandatory training was up-to-date for staff and they also had training in the administering of emergency medicine and autism specific training which was pertinent to the residents. There was evidence of good staff supervision and oversight systems in place.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there were suitable governance structures, reporting and oversight systems in place; However, the findings in relation to restrictive practices, the provision of a suitable care environment, admission procedures and staffing levels on some occasions indicate that some improvement is required in the systems to ensure they were effective. The annual report for 2019 was completed. This was a detailed review, but did not take account of the views of the residents, or crucially in this instance, their representatives, in the review.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A number of admissions had taken place in the weeks preceding the inspection. There is detailed policy on admission to the centre and the admissions were in line with the providers statement of purpose. However, from information available, inspectors were not assured, based on identified needs, that the impact on others living in the centre was considered adequately prior to these decisions. It is acknowledged that there was an urgency in regard to the admissions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records and speaking with staff the

inspectors were satisfied that the required notifications were being submitted to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

There was one formal complaint recorded. From a review of the records this had been addressed satisfactorily.

Judgment: Compliant

Regulation 14: Persons in charge

There was a newly appointed person in charge of the centre but the provider is required to submit evidence that the post holder has the relevant experience to carry out the role to the Chief Inspector.

Judgment: Substantially compliant

Quality and safety

Overall, residents living in the centre received care and support based on their assessed and complex needs. The residents were supported by good access to a range of multidisciplinary assessments and reviews for their health, social and psychosocial care needs. Relevant support plans were implemented to assist them in their daily lives. These included, health care, dietary needs, mobility, sensory and social supports. These were reviewed frequently and their care plans were updated as required. There were systems in place for monitoring of this.

The residents' need for sensory interventions was supported and this was observed by the inspectors. The residents were helped to communicate and, where necessary, had communication plans and technology to assist them with communication. Social stories, computers and object cards were used to assist the residents in their routines and activities. It was apparent that the staff were attentive and responsive to the residents' communication and their expressed needs. There was detailed information available should a resident require admission to acute or other services.

The inspection found that where discharges were undertaken or considered, this was done following ongoing assessment of need and development, in consultation

with and in accordance with the wishes of the resident and their representatives.

The residents normally had access to recreation and activities which suited their needs; these including swimming, horse riding, crafts, one-to-one walks and sensory supports in the centre. While these had been curtailed due to the COVID-19 pandemic, they were recommencing in accordance with the public health guidelines and the residents' individual vulnerabilities. However, there was some evidence that such activity was impacted on at times by staffing and the lack of suitable and safe transport at the time of the inspection. For example, one resident only had external access once a week due to this. It was clear that such activity was a considerable support to the residents' well being.

There was a suitable policy and systems in place to protect the residents from abuse and appropriate reporting systems evident. Where necessary, safeguarding plans were devised and implemented. The residents also had detailed intimate care plans available.

The residents had complex and significant behaviour support needs. There had good access to support and guidance for behaviours that challenged with regular reviews by psychiatry, psychology and behaviour support specialists. A range of proactive support plans were implemented. It was not always evident however, from incident records, that the supports were implemented by staff as prescribed. This inconsistency of application of guidance also reduced the quality of reviews of the effectiveness of this guidance.

In addition, some of the residents' support needs were not being adequately met within the communal living environment. There were occasions where the approach taken to the management of behaviours of concern meant that there was a serious and negative impact on the rights of residents to privacy, personal integrity and dignity.

Inspectors reviewed the details of all restrictive practices implemented in the centre. Such use is significant but there was evidence of assessment of need for its use by appropriate clinicians. The practices were implemented based on residents' assessed needs for safety, well being and at clearly identified times only. While the inspectors noted that on one occasion, the inappropriate use of a restriction had resulted in an incident of concern, the practice had been amended promptly following this, and directions given to staff to prevent a recurrence.

There had been ongoing progress to reduce the use of such procedures. Where a significant physical intervention was being utilised frequently, there was a full multidisciplinary review scheduled, including healthcare professionals, to ascertain all possible contributing factors and ensure the welfare of the residents. However, documentation relating to the review of restrictive practices lacked specific detail, so that it was not clear that restrictions were only implemented as prescribed, or that they remained the least restrictive required to mitigate the risk.

The provider's risk management systems were satisfactory to protect the residents from harm. There was an environmental risk register and the residents had individualised risk management plans for their assessed needs. These were in

progress for the newly admitted residents.

Good infection control procedures were in place and the provider had implemented an additional range of strategies to prevent and manage the COVID-19 pandemic. These included restrictions on residents' activities and access within the community, visitor's and staff procedures and robust contingency planning. The situation was closely monitored and there had been ongoing liaison with the local public health offices. Safe community access and arrangements for visitors were being introduced in line with public health guidelines and the residents' vulnerabilities.

Regulation 25: Temporary absence, transition and discharge of residents

The inspection found that where discharges were undertaken or considered, this was done following ongoing assessment of need and development, in consultation with and in accordance with the wishes of the resident and representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management systems were satisfactory to protect the resident from harm. There was an environmental risk register and the residents had individualised risk management plans for their assessed needs. These were in progress for the newly admitted residents

Judgment: Compliant

Regulation 27: Protection against infection

Good infection control procedures were in place and the provider had implemented an additional range of strategies to prevent and manage the COVID- 19 pandemic. These included restrictions on residents' activities and access within the community, visitor's and staff procedures, contingency planning. The situation was closely monitored and there had been ongoing liaison with the local public health offices. Safe community access and arrangements for visitors were being introduced in line with public health guidelines and the residents' vulnerabilities

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents were supported by good access to a range of multidisciplinary assessments and reviews for their health, social and psychosocial care need which were frequently reviewed and relevant support plans were implemented to assist them in their daily lives. It was of some concern that a resident's right to privacy, personal integrity and dignity was not considered where it was impacted on severely by virtue of the living environment and whether, given the residents' assessed needs and behaviours, the centre was suitable to meet these needs. There was also some evidence that residents' access to recreation was impacted on at times by staffing and the lack of suitable and safe transport.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The residents had good access to support and guidance for behaviours that challenged with regular reviews by psychiatry, psychology and behaviour support specialists. A range of pro-active support plans were implemented, and were monitored with a view to reduce their use. However, it was not always evident, from the incident records (which on occasion lacked sufficient detail), that the supports were implemented by staff as prescribed.

Judgment: Substantially compliant

Regulation 8: Protection

There was a suitable policy and systems in place to protect the residents from abuse and appropriate reporting systems evident. Where necessary, safeguarding plans were devised and implemented. The residents had detailed intimate care plans available.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management systems were satisfactory to protect the resident from harm. There was an environmental risk register and the residents had individualised risk management plans for their assessed needs. These were in progress for the newly

admitted residents.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 26: Risk management procedures	Compliant

Compliance Plan for Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0030094

Date of inspection: 29/07/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The centre is well staffed with suitable skill mix. It is acknowledged that an individual resident who has his own dedicated staff, can at times also require support from other staff arising from the intensity of his behaviours. This in turn may have impacted on other resident’s opportunities. We have reviewed the resident and his behaviours of concern and have updated his PBSP and an ongoing review of his crisis intervention plan outlines proactive strategies to support him during such periods of intensity.</p> <p>With regard to the other residents we will ensure that they will be facilitated to complete their individual goals/plans.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: All restrictive practices within the centre will be signed off by all staff to ensure that they understand the importance of adhering to the prescribed guidelines.</p> <p>As outlined in this plan the actions for regulation 5, 15 and 24- reviews will be carried out(please see below).</p> <p>Prior to the completion of the annual report each family was consulted to ascertain their views of the service. However the views of the residents and their families were omitted in error from the annual report. This was also a requirement for the renewal of the</p>	

centre's accreditation with the National Autistic Society in November 2019. All annual reports will include the views of the residents and their nominated representatives.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

All admissions to the centre are completed in line with the policy of the service. On the day of the inspection the transition plan for the new admissions were not made available to the inspectors due to documents being misplaced on the day. Impact and compatibility assessments are completed prior to all admissions or transition to and from within the service.

Transition plans inclusive of the impact and compatibility assessments are available for all inspections.

Regulation 14: Persons in charge

Substantially Compliant

Outline how you are going to come into compliance with Regulation 14: Persons in charge:

The documentation in relation to the Person in Charge was submitted to HIQA on July 30th.

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:

In addition to a dedicated bus for the house, there was also a dedicated car for this particular resident. Following a recent incident in the car, the car was deemed unsuitable for this resident for reasons of safety. There is now an additional bus available to the house, this in turn will ensure that his peers activities are not impacted. We will also use the local link bus for some residents. There is also access to other vehicles on site which may be used to promote community integration for all residents.

A review of the residents rights, personal integrity and dignity will be undertaken to ensure that there is no impact from to or from a fellow resident. The resident in questioned has transitioned to a new house.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Training on the appropriate completion of incident reports and implementation of positive behaviour support plans will be provided to all staff.

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 14(3)(a)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have a minimum of 3 years' experience in a management or supervisory role in the area of health or social care.	Substantially Compliant	Yellow	30/07/2020
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.	Substantially Compliant	Yellow	14/09/2020
Regulation	The registered	Not Compliant	Orange	07/09/2020

23(1)(c)	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.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/11/2020
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.	Substantially Compliant	Yellow	31/08/2020
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	Orange	14/09/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	14/09/2020

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
--	---	--	--	--