



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

Issued by the Chief Inspector

Name of designated centre:	Meadowview Bungalows 3 & 4
Name of provider:	Redwood Neurobehavioral Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 November 2019
Centre ID:	OSV-0005175
Fieldwork ID:	MON-0024850

About the designated centre

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

The centre provides a residential service for 12 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 centre is based in a congregated setting a short drive from a small town in County Meath. The centre consists of two bungalows that can accommodate six residents in each bungalow. Each resident has their own bedroom and each bungalow has three communal areas for residents to spend time in. Each bungalow has a dining area, kitchen, laundry room and two communal bathrooms, an office and a WC. The centre is staffed by a full time person in charge, staff nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
08 November 2019	09:00hrs 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 residents, observing residents and reviewing documentation.

The residents that spoke to the inspector said they were very happy in their home. Some residents bedrooms were personalised with items such as family photos and artwork and this was something that was important to them. Residents told the inspector they were engaged in meaningful activities within their community and were supported to attend events of their choosing. Residents told the inspector that if they were unhappy about something, they would feel comfortable raising their concerns.

The inspector observed that residents were very comfortable in their home and with staff. They appeared to know staff well and had a good rapport with them.

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.

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 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, which promoted quality outcomes for residents.

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 genuinely interested and 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. The inspector also reviewed a sample of staff supervision records and found them to be of high quality.

The centre had recently gone through an extensive period of change and a significant number of residents transitioned in and out of the centre. 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.

Effective information governance arrangements were in place to ensure that the designated centre complied with the statutory notification requirements. The person in charge had ensured that incidents were notified to HIQA in the required format, within the specified timeframe and that all necessary information was submitted.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. All appropriate schedule 2 information was in place.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Compliant

Regulation 23: Governance and management

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

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 31: Notification of incidents

All appropriate notifications have been notified to the Office of the Chief Inspector as set out in the regulations.

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 fire evacuation process.

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.

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. The inspector reviewed a sample of positive behaviour plans which identified and guided staff on supporting residents. Staff spoken with outlined consistent approaches to managing behaviours of concern. These approaches primarily focused on low arousal techniques and de-escalation.

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. The provider had a robust recruitment, selection, training and supervision process in place for all staff. This ensured staff were knowledgeable about their role in safeguarding residents and that they understood the systems that were in place.

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. However, the procedure for the safe evacuation of some residents wasn't appropriate as it included some residents remaining in their bedroom to await rescue by the fire service. This was discussed with the provider during the inspection and the provider committed to urgently reviewing these procedures.

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. This enabled residents to live full lives without undue restriction. Any incidents that did occur were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

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 26: Risk management procedures

There was a system in place for the effective assessment, management and on ongoing review of risk within the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was an adequate means of escape and including emergency lighting. However, procedure for the safe evacuation of some residents wasn't appropriate as it included some residents remaining in their bedroom to await rescue by the fire service.

Judgment: Not 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

Appropriate supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

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

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

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant

Compliance Plan for Meadowview Bungalows 3 & 4 OSV-0005175

Inspection ID: MON-0024850

Date of inspection: 08/11/2019

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 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All residents who have refused to evacuate the centre during a fire drill, have had their Personal Emergency Evacuation Plan and risk assessment reviewed. In the event of a fire, residents will be assisted to evacuate in line with their plan/risk assessment and it is safe to do so.	

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(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	11/12/2019