



## Office of the Chief Inspector

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

Name of designated centre:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	17 July 2019
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0023963

## About the designated centre

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

Orchard Vale apartments provides a residential service for a maximum of five 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. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with our model of person centred care and support. Our services at Orchard Vale are provided in a home like environment that promotes dignity, respect, kindness and engagement for each resident. We encourage and support the residents to participate in the community and avail of the amenities and recreational activities.

The centre comprises of two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen come living area, bedroom and en-suit bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen come living area. The centre is staffed by direct support workers and a nurse, with each shift being co-ordinated by a team leader. The centre is located in a rural congregated setting, a short drive from a town in Co.Meath.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

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
17 July 2019	11:30hrs to 19:30hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

The inspector met with three residents during the inspection. In response to residents' assessed needs, the inspector only engaged briefly with some residents. The inspector spoke with the one resident for an extended period of time. This resident told the inspector they were very happy in the centre. The resident said they very happy with their accommodation and the support they received from staff. This resident did express concerns regarding noise levels within the centre and indicated that this was negatively impacting on their quality of life. The resident had raised this concern with the provider and the provider was working to address the issue.

The inspector also noted that the centre was very noisy during parts of the day, with a resident appearing distressed at times. During these times the inspector observed staff engaging in a caring and compassionate way with the resident. However, these incidents were impacting the overall homeliness of the centre and this was discussed with the provider at feedback.

## Capacity and capability

Overall the current governance and management arrangements required improvement, as the current arrangements did not provide sufficient oversight of the centre. In particular significant improvements were required in the oversight of cleaning practices and the implementation of appropriate fire precautions.

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. The provider had completed an annual review of the quality and safety of care and support in the designated centre and this was available within the centre. The provider had also ensured that an unannounced visit to the centre was carried out at least every six months. There was a system of monthly governance meetings between the person in charge and their manager and this was used to self identify issues. Despite this system being in place, some pertinent issues of concern remained unidentified, including parts of the centre not being clean and fire containment measures within the centre not being utilised correctly.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended 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 centre had a planned and actual roster in

place that was accurate and well maintained.

The provider had ensured that staff had the skills and training to provide support for residents. Training such as safeguarding vulnerable adults, child protection, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. However, whilst the provider had implemented a new supervision policy, not all staff had not received supervision in line with this policy.

Admissions to the centre were conducted in line with the centres policy. Each resident was appropriately assessed prior to their admission and had an appropriate written agreement in place. Impact assessments were conducted prior to admission and these were based on all available information.

### Regulation 15: Staffing

There was 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

Staff had received ongoing training that was relevant to the needs of residents. Whilst some staff had received some supervision, the majority of staff had not received supervision in line with the centre's policy.

Judgment: Substantially compliant

### Regulation 23: Governance and management

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

However, the management system in place required improvement to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. For example the systems in place failed to self identify ongoing hygiene and fire safety issues within the centre.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The centre's admission process considered the wishes, needs and safety of the individual and the safety of other residents currently living in the service.

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

## Quality and safety

Overall the quality and safety of the service delivered to residents was adversely impacted by the poor adherence to organisational policies. The maintenance of the premises, fire containment measures, the use of certain restrictions and the implementation of safeguarding plans required improvement. The high levels of non compliance resulted in the lived experience of some residents being negatively impacted.

The centre was located in a rural setting on a congregated setting. The centre consisted of two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen come living area, bedroom and en-suite bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen come living area. In the main, the centre was suitably clean and well decorated. However, during a walk around of the premises the inspector observed parts of the the centre being unclean and not kept in a good state of repair. For example the inspector observed heavy staining on a mattress and bed. Furthermore, bed linen in another part of the centre was observed to be unclean. These issues were discussed with the provider and immediate assurances were given that these issues would be addressed.

Residents' had an assessment of need and a personal plans in place and they had

access to a key worker to support them. However, some personal plans required review as it was unclear if residents or their representatives were involved in the development of these plans. The development of some personal plans relied upon multidisciplinary assessment and previously documented preferences. Furthermore, the current configuration of the centre did not meet the assessed needs of all residents. This was leading to a residents assessed needs negatively impacting upon the lived experience of some residents within the centre. The provider was aware of these issues and had taken initial steps to find a solution to the ongoing issue.

There were a number of restrictive practices in the centre and there was evidence that some of these were assessed and reviewed regularly. However, there were a number of restrictions in place which had not been identified and therefore had no clear rationale for their implementation. Additionally, the implementation of some restrictions was not recorded. Therefore it was unclear if these restrictions were the least restrictive option and used only used for the shortest duration necessary. Staff had access to training to support residents in line with their care and support needs. The inspector spoke to a number of staff who were knowledgeable in relation to each residents' specific support needs.

There were appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Staff who spoke with the inspector were knowledgeable in relation to what to do if there was an allegation or suspicion of abuse in the centre. However, in one instance the inspector found that some measures contained within an agreed safeguarding plan had not been fully implemented and this required review. The failure to implement this fully was adversely impacting the lived experience of some residents within the centre.

The centre had systems in place for the management of fire. However, improvements were required. The inspector found that equipment such as extinguishers, emergency lighting and the fire alarm were appropriately serviced. The centre had personal emergency evacuation plans in place for each resident which outlined how to support each resident in the event of an evacuation and regular fire drills were occurring in line with the regulations. The centre had fire doors throughout but the inspector observed some fire doors were wedged open. This risk had also been identified on a previous inspection. An immediate action was issued to the provider and assurances were given on the day of inspection that all fire doors closed appropriately.

The centre maintained a risk register which outlined the risks in place in the centre such as accidental injury, aggression & violence, self harm, fire and safeguarding. In addition, individualised risk assessments were completed for residents. The provider maintained a record of all adverse incidents within the centre. However, the inspector found that not all adverse incidents were being reviewed within a timely manner. This led to a delay in learning being shared from such incidents.

The provider made arrangements to ensure residents had easy access to personal monies and control their own financial affairs, in line with their assessed needs. Where residents needed support to manage their financial affairs, appropriate



supports were put in place. These measures positively impacted residents autonomy and day to day quality of life.

### Regulation 26: Risk management procedures

There was a risk management policy and appropriate practices were in place. However, there were some gaps in the maintenance of documentation, in particular the timely review of incidents.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Suitable fire fighting equipment was made available and serviced as required. However, some fire doors were wedged open during the inspection.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. However, it was unclear if residents or their representatives were involved in the personal planning process.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The reasons for using some restrictive procedures were not clearly assessed or recorded. For instance there were some locked doors in the centre without clear rationale that this was the least restrictive option. Furthermore, some residents were restricted from accessing sharps and the kettle without any clear documented rationale. Additionally, there was no monitoring or recording in place regarding a resident's restricted access to an electronic cigarette.

Judgment: Not 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. However, a safeguarding plan put in place required review, as not all aspects of the plan had been implemented within a reasonable time frame.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

Where necessary, residents were provided with support to manage their financial affairs.

Judgment: Compliant

## Regulation 17: Premises

Areas of the centre were unclean and or not in a good state of repair. For example there was a very strong smell of urine in one bedroom, two mattresses required replacing due to heavy stains and some bed linen had what appeared to be blood staining.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant

# Compliance Plan for Orchard Vale Apartments OSV-0005513

Inspection ID: MON-0023963

Date of inspection: 17/07/2019

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There is a schedule in place for staff supervision to ensure that supervision is completed in line with the service policy.</p> <p>All outstanding staff supervision has been completed and is now in line with the service policy.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Hygiene issues within the centre have been reviewed. There is a new cleaning schedule in place that is signed off daily by the Team Leads and is signed off weekly by the PIC. There are visual inspections as part of this schedule.</p> <p>The PPIM will carry out unannounced checks on the hygiene within the centre.</p> <p>Automatic fire door closures are currently being fitted throughout the centre.</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A new computerised documentation system (epicCare) has been implemented in the centre and all incidents are being recorded on this system. The policy for reviewing incidents has been updated to reflect this system. All incidents are reviewed by the PIC and PPIM.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Automatic fire door closures are being fitted throughout the centre.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All residents have a personal plan in place, these plans will be reviewed to ensure that the resident or their representative has been involved in the development of their plan. Once reviewed the resident or their representative will sign off on same to show their involvement in the process.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Restrictive practices in the centre have been reviewed. There are clear rationale's in place for all restrictions within the centre.</p> <p>A restrictive practice log has been implemented to record the resident's access to an electronic cigarette.</p>	

A system for reducing the restriction on the doors will be implemented.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will review all safeguarding plans on a weekly basis to ensure all aspects of the plan is implemented.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A new cleaning schedule has been implemented in the centre. Mattress have been replaced and the flooring in one residents' bedrooms has been replaced with an easier to clean surface.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/08/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	02/08/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/09/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	26/08/2019



	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	17/07/2019
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/09/2019
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive	Not Compliant	Orange	30/09/2019

	procedure, for the shortest duration necessary, is used.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	31/08/2019