Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	27 February 2024
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0033811

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 intellectual disability and 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:	10

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 (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
Tuesday 27 February 2024	10:00hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with the regulations, and to inform the registration renewal decision

On arrival at the designated centre the inspector conducted a 'walk around' and found that the premises were laid out in accordance with the assessed needs of the residents. While the designated centre was located on the campus of the organisation, all efforts had been made to ensure a homelike environment for residents. There were homely touches throughout the centre, including soft furnishings and decor. Outside there were spacious garden areas, with equipment of interest to residents, such as a trampoline which was described by the person in charge and the staff team as facilitating a chosen activity for some.

Throughout the centre there were various sensory items to assist both with communication, and with meeting the needs of residents, including sensory wall pieces and a fake switch to facilitate the preference of one of the residents to turn switches on and off without having an impact on others.

There was a sensory room which had been established to meet the particular need of residents, and there was an indoor trampoline and a soft play area.

Residents enjoyed activities in their local community, for example some people had recently been involved in some festivals and events in the local community.

Residents preferred to have very little interaction with the inspector. One of the residents accepted a brief introduction to the inspector, and very clearly indicated that the interaction be concluded immediately. Therefore the inspector made discreet observations, reviewed documentation and spoke to the person in charge and several members of the staff team.

Staff had received training in human rights, and could discuss various examples whereby the rights of residents were upheld. They spoke about ensuring that the choices and preferences of residents were respected. For example, where a resident enjoyed shopping in a preferred location, but had been limited due to behaviours of concern, staff explained how they had put in a programme whereby the resident chose their preferred items prior to the shopping trip, which reduced the likelihood of their behaviour causing concern during the trip. This strategy had been effective, and the resident was enjoying their weekly shopping trip.

Another resident had been supported to access a community activity of their choice, and where the first attempt to introduce them to the activity had not been successful, strategies had been put in place to ensure that the second attempt went more smoothly, and the resident had enjoyed the experience.

Where any restrictive interventions were required to ensure the safety of residents,

social stories had been developed to ensure the understanding of residents, and to elicit their consent where possible. In addition, all efforts had been made to ensure that where restrictions were required to ensure the safety of some residents, this had minimal adverse effect on others. For example, where a kitchen door was locked to ensure the safety of some residents, staff facilitated others to access the kitchen on request.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed, although not all the required actions following the previous inspection had been completed.

There was an appropriately qualified and experienced person in charge and lines of accountability were clear.

There was knowledgeable and caring staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and of upholding the rights of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version. There were no current complaints, but there was a clearly defined process of responding to any issues that might be raised.

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and an appropriate skill mix, including registered nurses and social care staff.

A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents. Residents had access to a registered nurse overnight who was on duty in a nearby centre.

The inspector spoke to several staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. One of the staff members spoke about their induction when they commenced their employment in the designated centre, and had found their training in this regard to be informative and useful.

Staff members displayed current knowledge about their responsibility in supporting the rights of residents, and spoke about the ways in which they were maximising the potential for residents, both in teaching new skills, and in introducing them to community experiences.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training had been undertaken on the 7 February 2024, when training records of several designated centres operated by the provider had been reviewed centrally. All staff training was up-to-date and included training in fire safety, safeguarding, behaviour support and infection prevention and control.

In addition, staff had received 'on-site' training delivered by The National Council for the Blind of Ireland (NCBI) in relation to the support of residents with sight impairment. They had also received training in human rights, and the person in charge had delivered local training to the staff team in relation to 'key-working', with an emphasis on setting goals for residents with a view to maximising their potential.

Regular supervision conversations were held with staff, and there was a clear system of recording of completion of these conversations and ensuring that the schedule of supervision was overseen.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained, and included all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. There was appropriate supervision of staff on a daily basis from the person in charge who only had responsibility for this designated centre. Various monitoring and oversight systems were in place. An annual review of the care and support of residents had been prepared in accordance with the regulations, and six-monthly unannounced visits on behalf of the provider had taken place. Any required actions identified from these visits had been implemented, for example where it was identified that residents' rooms needed attention to ensure that they were individualised and personal, this had received the required attention, and had been completed.

The person in charge was supported by team leaders on each shift, and the inspector had a conversation with the team leader on duty on the day of the inspection. The team leader outlined his responsibilities in relation to task allocation, and emphasised the requirement to ensure that the activities of residents were supported. He spoke about residents changing their minds at the last minute when activities were planned, and explained how this was managed.

A monthly schedule of audits was in place and while some of these audits lacked information as to evidence for the findings, and consisted of tick boxing, where the findings were positive, this was consistent with the findings of this inspection.

However, not all of the agreed actions following the previous inspection of March 2021 had been implemented. One of the agreed actions was that the damaged floor in one of the communal areas would be rectified, and the provider's compliance plan had outlined the actions to be taken and had given a completion date of the end of June 2023. This action had not been implemented.

Regular staff meetings were held and the records of these meetings indicated a useful and meaningful discussion. Items on the agenda included aspects of resident care, key working, IPC, fire safety and an examination of any newly identified risks. However, while there was a sign in sheet whereby any staff who had not attended the meeting indicated that they had read the record of the meeting, this was not monitored, so there was insufficient evidence that the important issues discussed at these meetings were effectively disseminated throughout the staff team.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately

described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and transparent complaints procedure in place. It was available in an accessible version for residents, and was clearly displayed as required.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable and meaningful life, and to have their needs met and their choices respected. Bothe social care healthcare were effectively monitored and managed.

Where residents required support in the management of any behaviours of concern there were good practices in place, and staff could describe the steps they would take to manage various situations, although some improvements were required to ensure that the guidance for these interventions were clearly documented.

Fire safety equipment and practices were in place to ensure the protection of

residents from the risks associated with fire.

Risk management appropriate, and all identified risks had been mitigated through detailed risk management plans, and was clear that all efforts were in place to ensure the safety and comfort of residents. Medication was well managed.

Regulation 10: Communication

There were multiple examples of the steps taken to optimise effective communication with residents. There was accessible information available to residents, including easy read information about the staff on duty, the day's menu and the complaints procedure. Contracts of care had been mead available to residents in an accessible version.

Where it had been identified that residents might benefit from augmented communication such as Lamh, staff had received training in this method of communication.

Where restrictive interventions were found to be necessary to ensure the safety of residents, and to reduce any identified risks, social stories had been developed and introduced to residents to ensure their understanding and consent.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to experience a wide range of activities, within their preferences and abilities. Some residents attended day services, and where a resident's day service had been discontinued, as an interim measure, staff had replicated the activities that were meaningful to them in one of the activity rooms within the centre.

Activities within the home included music, items of preference and ensuring that the preferred activities of residents were respected and supported. For example where a resident liked to walk around the house for prolonged periods, this was supported, whilst also supporting them to enjoy other activities outside their home.

Residents were being supported to learn new skills, some of them home-based, such as learning how to manage their own laundry or personal hygiene, and some to increase their access to the community, such as learning how to use cutlery appropriately.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks.

Detailed risk management plans were in place, for example the risks associated with safeguarding, fire safety and the use of leisure equipment such as the trampoline in the garden area of the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The fire safety documentation was reviewed as part of an organisational review conducted on 7 February 2024 and was found to be in order.

Staff had good knowledge of the support needs of residents, and could describe the ways in which they would encourage each resident to evacuate in the event of an emergency. The strategies they described were in accordance with the Personal Evacuation Plan (PEEP) for each person.

Where there had been occasions whereby a resident had declined to engage in a fire drill, this information had been documented in the PEEP for the resident, and the inspector was assured that all residents could be evacuated in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication, and the ordering and monitoring of stock was undertaken by the registered nurses. Stock balances checked by the inspector was correct.

Where 'as required' (PRN) medications were prescribed there were detailed protocols as to the circumstances under which these medications were to be

administered, including the presentation of the resident which might require the medication, and the timings of administration.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there were detailed healthcare plans in place which included appropriate guidance for staff, for example a care plan in relation to the management of fluid intake included the recommendations of the neurologist. There was evidence that these care plans were implemented, and the interventions were recorded where appropriate.

There was a detailed care plan in place in relation to epilepsy for one of the residents which included a clear and detailed plan relating to the long term management of the condition, together with guidance for staff in the event of a seizure occurring.

Residents had good access to members of the MDT, including the occupational therapist and speech and language therapist. The person in charge and the staff team liaised closely with the general practitioner (GP) in relation to any healthcare needs of residents.

As further discussed under Regulation 7 of this report, residents had ready access to the behaviour support specialist who was a member of the organisation's MDT.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support there were plans in place to guide staff in both the ways to reduce the likelihood of an occurrence of behaviours of concern, and as to how to respond where there was an escalation of behaviour.

These plans gave guidance as to the expected response from staff in the event of an emergency. The inspector reviewed several of these plans and found that there was clear guidance for staff as to how to respond under various circumstances. One of the plans reviewed did not outline a clear description of the behaviour that would necessitate an intervention, and called for an intervention in the event of 'self-injurious behaviour', but did not describe the exact circumstances under which the intervention should be implemented. However, the staff and the person in charge could describe the exact requirements, so the inspector was assured that this was a gap in documentation, and did not pose any risk to residents.

There were also behaviour support pans in place in relation to skills building to assist residents in accessing healthcare. For example, a resident had been supported to have a blood sample taken by a system of desensitisation, and similar support plans had been devised and were underway for others in relation to vaccinations.

It was of note that the behaviour support specialist attended the staff team meetings to ensure that staff were updated if there was any change to the positive behaviour support plans of residents.

Where restrictive interventions had been deemed necessary to ensure the safety of residents, there was a clear register of these interventions. This register included a rationale for each intervention, and outlined plans to reduce or remove the interventions once it was evident that the risk to residents had been mitigated.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where any safeguarding issues had been identified there were clear and detailed records as to the steps taken, and the provider demonstrated assurances that any risks to residents were mitigated. Any incidents were recorded and reported appropriately, and discussed in detail with the staff team.

There had been a significant reduction in the number of reported incidents since the last inspection, which had been managed by clear guidelines for staff in the monitoring of the communal areas of the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

All staff had received training in human rights and could discuss the importance of decision making and ensuring that the voices of the residents were heard.

The rights of residents were discussed at team meetings, and although, as discussed under Regulation 23 of this report, improvements were required to ensure that all staff were aware of the discussions held at these meetings, there was clearly an emphasis on upholding the rights of residents, and on ensuring that their choices

and preferences were respected.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0033811

Date of inspection: 27/02/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A review of the monthly schedule of audits will take place to ensure they are robust . The Person in charge will receive training on how to demonstrate the evidence when completing the audits to substanciate their finding . • The damaged floor in the communal area was replaced on 08/03/2024. The Person in charge and Assistant director of the service have monthly governance in place and audit actions will be reviewed at this meeting to ensure they are completed in a timely manner. • The person in charge will put a governance plan in place to ensure that all staff read and sign the minutes of all staff meeting that take place.To ensure this action is completed there will be further oversight during the Monthly governance meetings between the Assistant director and the Person in Charge	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The Behavior Support Team together with Assistant Director and Director of Services and Director of quality and safety have reviewed the inspector's feedback. The Behaviour Specialist will review the residents positive behaviour support plans to ensure there is	

clarity and clear detail and guidelines for staff to follow when supporting a resident with behaviours of concern.

• All staff receive in house training with the Behaviour specialist to the resident's behaviour support plans ,when they are developed and also following a review or update to the information contained within.

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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/05/2024
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.	Substantially Compliant	Yellow	01/05/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are	Substantially Compliant	Yellow	31/05/2024

	implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			