



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:	Short Notice Announced
Date of inspection:	23 March 2021
Centre ID:	OSV-0004908
Fieldwork ID:	MON-0032063

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
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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
Tuesday 23 March 2021	10:00hrs to 16:00hrs	Noelene Dowling	Lead
Tuesday 23 March 2021	10:00hrs to 15:00hrs	Sarah Barry	Support

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The centre comprises of two houses, and one is designed in a manner so as to provide separate areas, for example, in one house there are two individual apartment areas.

Staff informed the inspectors that residents in the centre were not comfortable with new people in their home environment, and were unable to communicate directly with the inspectors. Residents' needs were respected and the inspection was carried out in a manner so as to minimise any possible impact on residents' wellbeing.

There were very high staffing levels in place which supported the residents' individual routines, preferences and safety needs, without being overly intrusive. Inspectors were able to observe some of the residents' daily routines, activities and interactions with staff. A number of documents and records including residents' person-centred plans, multidisciplinary meetings, behaviour support plans and incidents records were also reviewed.

From what the inspectors observed, and speaking with staff, residents were supported to have a good, safe quality of life in the centre and each resident had their own individual and preferred routines which took into account their complex presenting needs.

The pandemic had impacted on the residents' social activities and community access. This had been a very difficult time for the residents, and more so when an outbreak of COVID-19 occurred in the centre. The residents were unable to manage the isolation or social distancing, and their routines, which were vitally important to them, were severely disrupted.

Prior to this, they had been able to go swimming, if they wished, went to feed the horse locally, did arts and crafts, out to the hair dresser, and visited the local shops. Staff mitigated for the restrictions with day-to-day local activities, such as walks, drives, DVDs of their choosing and maintained contact with the residents' families via phone and video links.

During the day, of the inspection, the residents had their own individual routines, including when they got up, or had their meals. They participated in their activities, such as going out for coffees, walks, watched favourite music and TV with staff, did art work but also had time alone as they wished. The staff were seen to be very familiar with their preferences, non-verbal communication and anxieties, and were responding promptly and calmly to this. They were at all times respectful and mindful of the residents' privacy and dignity.

There were a number of systems used to promote the residents' rights, and social stories and pictorial images were used to ascertain their preferences for their lives.

An advocate was being sourced for one resident, to support a significant decision affecting their life. There was evidence of good consultation with their families, which was appropriate to the resident's needs.

In summary, there were a number of substantial compliance identified on this inspection in relation to accuracy of support plans, oversight of finances and the external environment, overall there were systems in place to provide for the health, emotional wellbeing and social care needs of the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were management systems in place which effectively supported the provision of a meaningful and safe life for the residents.

This risk based inspection was undertaken at short notice, to ascertain the providers continued compliance with the regulations, inform the decision on the provider application to renew the registration of the centre, and the arrangements in place to manage the continued COVID-19 pandemic.

The centre was last inspected July 2020 and a number of non-compliance's had been identified at that time, inspectors found that these had been addressed satisfactorily by the provider. This included the provision of an alternative and more suitable placement for one resident, thereby reducing the safeguarding concerns which had been evident at that time. They had also purchased a second vehicle, which ensured that residents had better access to the community and ensured that when staff were deployed for support in crisis situations, this did not impact negatively on the remaining residents.

The provider, a private organisation, comprises a board of directors, and a management structure and reporting systems which included the director of services and persons in charge. The centre was managed on a day-to-day basis by suitably qualified and experienced person in charge. The managers were familiar with the needs of the residents and had good systems for oversight of the care in the centre. At the time of this inspection the provider was in the process of appointing a new person in charge.

The provider had a number of systems for monitoring and quality improvement, including detailed audits, reviews of practices and an annual review of the service. These identified a number of areas for improvement and progress has commenced on all of these. These included ongoing training needs and monitoring of healthcare and these were being addressed.

Although there were systems in place for the prevention and management of COVID-19 the centre had experienced a significant outbreak of the infection in January 2021. The inspector saw that while this had been a very difficult period for the residents and staff, all had recovered well and contingency planning was implemented which helped to manage the situation with public health advice. The provider had undertaken a critical incident review of the systems and implemented changes to the procedures as evidence of learning and review from the incident. These included more prompt tracing of contacts within the centre, limiting footfall between both houses and wearing of full PPE promptly in the event of any perceived risk.

The provider ensured that the centre was very well resourced in terms of staff which included nursing staff, with either 1:1 or 2: 1 supports which ensured that individual needs of the residents were being supported. There was also internal access to a range of allied and specialist services to provide the support the residents' needs, in recognition of the complexity of the service.

Recruitment practices were safe, and there were good quality staff supervision systems implemented. The provider ensured that staff had the mandatory training and skills to support the residents and staff were also provided with additional training including autism specific, dementia and additional behaviour support provided.

The statement of purpose was reviewed and provided a detailed outline of the service, facilities and care needs to be supported. The provider had forwarded all of the documentation required for the renewal of the registration of the centre in the required time frame.

From a review of the accident and incident records, the inspectors noted that all of the required notifications were being forwarded to the Chief Inspector as required, with remedial actions taken following any incidents.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of the registration had been made.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed on a day-to-day basis by suitably qualified and experienced person in charge. The managers were familiar with the needs of the residents and had good systems for oversight of the care in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the centre was very well resourced in terms of staff which including nursing staff, with either 1:1 or 2:1 supports, which ensured that individual needs of the residents were being met. Recruitment practices were safe.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff had the mandatory training and skills to support the residents and staff were also provided with additional training including autism specific, dementia and additional behaviour support.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place which effectively supported the provision of a meaningful and safe life for the residents and good systems including auditing and reporting which enabled monitoring and review of care.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a comprehensive admission process being undertaken including compatibility and impact assessment to ensure that a proposed admission would benefit from the placement, and those residents living in the centre would not be negatively impacted.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and provided a detailed and accurate outline of the service, facilities and care needs to be supported.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records, the inspectors noted that all of the required notifications were being forwarded to the Chief Inspector as required, with remedial actions taken following any incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of a complaint made on behalf of a resident indicated that this was addressed promptly and satisfactorily.

Judgment: Compliant

Quality and safety

The inspectors found that the residents living in the centre received a good level of care and support based on their complex assessed needs.

However, there were some improvements required in a small number of areas including, healthcare support plans for the residents, financial oversight and changes to the environment, particularly the garden areas to make it more appealing and less overtly secure.

The residents' healthcare needs, were carefully monitored and responded to with prompt access to general practitioner (GP) and all allied services. However, inspectors found that there were a small number of contradictory support plans for a specific healthcare need, which could be potentially harmful to a resident. The person in charge agreed to review this and ensure that the correct guidance was

clarified and implemented.

There were good systems in place to protect the residents from abuse and respond appropriately to any concerns of this nature which arose. The inspectors were informed that there were no current safeguarding issues in the centre. All of the residents' required full support with their finances. While there were systems for the management of this, there was no evidence of oversight by the person in charge or procedures for the decision making regarding the spending of residents monies on larger items. There was, however an internal auditing system undertaken annually. The inspectors found no evidence of anything untoward in the finances reviewed.

The premises is spacious, well maintained, accessible, clean, comfortable and well furnished. The residents' rooms were decorated in a manner suitable to their own preferences. However, the presenting behaviours of the residents poses challenges in balancing the risk of harm to the residents and creating a warm atmosphere. The inspector saw that staff made efforts to add warm touches to the premises, but the residents had clearly indicated that they did not like these changes. Each of the houses had a small back garden area, one contained a trampoline and one a swing however, these areas were very small and barren in appearance and were surrounded by a grey metal fence, which, while necessary for safety, lent a very forbidding atmosphere to the residents' home.

Nonetheless, from a review of four of the residents' care and support plans, the inspector found that their complex emotional and healthcare needs were supported by access to a range of multidisciplinary assessments and interventions including physiotherapy, speech and language, dietitians, healthcare, psychology and mental health. The residents had detailed support plans which were informed by these assessments, to support their daily lives, wellbeing and social care needs. These were frequently reviewed by the multidisciplinary team and efforts were made to include the residents in their own care and support needs.

The annual reviews of the residents care were very detailed. The residents' need for sensory interventions was supported and this was observed by the inspectors the day. The residents were helped to communicate and had communication plans to assist them with communication.

The inspector reviewed details of a proposed admission and found that this was been managed appropriately.

The residents presented with complex and significant behaviour support needs, including self-harm and required significant intervention from the staff. There was prompt intervention and guidance from behaviour support and mental health specialists with detailed support plans to guide staff. It was apparent that the focus was on understanding the meaning of the behaviours for the residents and acting to support this. For example, a resident had presented with a new and high risk behaviour. This resulted in a range of reviews to gain insight into what the resident might be experiencing. All such incidents were monitored and it was apparent the number and severity of incidents had decreased. The systems impacted positively on the quality of the residents' daily lives.

The inspectors reviewed the details of all restrictive practices implemented in the centre. Such use was significant, but there was evidence of comprehensive assessment of need for its use based on the residents' assessed need for safety. The use of medicines to manage behaviours, while significant, could be seen to be reducing and was carefully monitored.

There was a suitable policy and system 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 which outlined their preferences for support in this. For instance, a resident had clearly indicated a preference for female staff and this was seen to be accommodated.

The provider had systems in place for the assessment management and ongoing review of risk, including a system for responding to emergencies in order to keep the residents safe from harm and these were monitored and reviewed. Each resident had a detailed individual risk assessment and management plan in place and there was evidence of learning from incidents evident. The residents safety was also protected by the fire safety management systems in place. All of the required equipment was in place and serviced as required. Staff undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place, taking their vulnerabilities into account.

A number of strategies continued to be deployed in order to manage the risk of COVID-19. Footfall was reduced and the inspectors observed that staff adhered to the sanitising protocol and use of PPE. At the time of the inspection, the majority of staff had received a vaccination and the residents were being prepared for this.

Regulation 10: Communication

The residents had communication plans to assist them with communication. Staff were observed to be very familiar with their non-verbal communication and responsive to this.

Judgment: Compliant

Regulation 17: Premises

While both of the houses are suitable for their purpose and well maintained, the small back garden areas were barren, uninviting, and were surrounded by a grey metal fence, which, while necessary for safety reasons, lent a very forbidding atmosphere to the residents' home.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies in order to keep the residents safe from harm and these were monitored and reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

A number of strategies continued to be deployed in order to manage the risk of COVID-19. Footfall was reduced and the inspectors observed that staff adhered to the sanitising protocol and use of PPE. At the time of the inspection the majority of staff had received a vaccination and the residents were being prepared for this.

Judgment: Compliant

Regulation 28: Fire precautions

The residents were protected by the fire safety management systems in place. All of the required equipment was in place and serviced as required. Staff undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place, taking their vulnerabilities into account.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents complex needs were supported by a range of ongoing multidisciplinary assessments, frequent reviews and planning, and they were enabled to have supported social and community access.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs, were carefully monitored and responded to with prompt access to all GPs and all allied services. However, inspectors found that there were a small number of contradictory support plans for a specific healthcare need, the person in charge agreed to clarify and address.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was prompt intervention and guidance from mental health and behaviour support specialists which was supportive and responsive to the residents needs.

The use of restrictive practices was significant, but there was evidence of assessment of need for its use based on the safety and welfare needs of the residents. The use of medicines to manage behaviours, while significant, could be seen to be reducing and was carefully monitored.

Judgment: Compliant

Regulation 8: Protection

There were good systems in place to protect residents from abuse and respond appropriately to any concerns of this nature which arose. The inspectors were informed that there were no current safeguarding matters in the centre. However, systems for the management of the residents finances required review to ensure that there was more prompt oversight and an agreed procedure for the decision making regarding the spending of the residents' monies on larger items.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Despite the constraints in the environment and the residents complex needs, the residents right to privacy and dignity were being supported. Staff used stories and pictures to support them in making their preferences understood. An advocate was being sourced for one resident to support a significant decision affecting his life and the residents families were also consulted, which was appropriate to their need for

support.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meadowview Bungalows 1 & 2 OSV-0004908

Inspection ID: MON-0032063

Date of inspection: 23/03/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There are two garden areas provided for each house, one of the garden areas is referred to in this report, the other garden areas are well maintained and contain items of the residents choosing. Unfortunately, a number of previous attempts to enhance the garden areas, referred to in this report, had proved unsuccessful, based on residents wishes and sensory needs. A further attempt involving the residents will be made in the appropriate season to plant bulbs as their emergence will be gradual and in this regard the change may not attract the same attention as introducing plants did in the past. In addition, secure colorful garden ornaments of interest will be fitted to the railings in such a way as not to impede the view of the residents. Advice on sensory specific options will be sought to ensure that all enhancements are appropriate to the needs of the residents. In the meantime, hanging baskets of summer flowering plants and suitable outdoor furniture will be provided.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The individual needs assessment and health care support plan of all service users will be reviewed by the PIC, to ensure all identified healthcare needs are accurately recorded and triangulated through the individual’s documentation. The PIC will ensure all required healthcare needs are fully addressed. The PIC and PPIM will monitor all individual care plans through the monthly audit and governance process to ensure no further inaccuracies occur.</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The service has in place robust financial management policies and procedures that clearly outline the responsibilities for the management of the resident's finances. These policies and procedure's also outline the procedures for the spending of residents' monies. The procedure was not followed in all cases and the policies were not made clear to the inspector on the day. The PIC and PPIM will ensure the Service Providers Policies and Procedures are adhered to in all future transactions. The PIC conducts a monthly audit on the service finances and the service users' finances, The PIC will clearly document where they have conducted such an audit. The PPIM monitors service user finances during monthly governance processes.</p>	

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/04/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2021