



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

## Issued by the Chief Inspector

Name of designated centre:	The Mews
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	04 February 2025
Centre ID:	OSV-0008264
Fieldwork ID:	MON-0037559

## About the designated centre

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

The designated centre is situated on the organisations/s campus, and is close proximity to the nearest small town. It comprises three individual modular homes, each of which accommodates one resident in receipt of an individualised service. Each modular home has two bedrooms, a bathroom and a living/dining/kitchen area. They each have an enclosed garden area. The centre is staffed over 24hours.

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

Number of residents on the date of inspection:	3
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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 (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 4 February 2025	10:30hrs to 18:00hrs	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.

This designated centre comprises three stand-alone modular homes, each with an enclosed garden area on the outskirts of the campus of the organisation. Each modular home is entirely self-contained, has a kitchen/dining/living area, a bathroom and a bedroom which is personal to each resident.

On arrival at the designated centre, the inspector met one of the residents who had agreed to welcome the inspector into their home. The resident was immediately observed to be very comfortable in their home, and to have arranged and decorated it to their preference. They had two pet cats that they spoke about fondly, and they had been supported in having these pets, for example, their sofa had been 'cat-proofed' with scratch material attached. The staff and the resident together had ensured that having pets did not constitute any infection control risk by regular cleaning and management of the pets. The resident introduced the inspector to their supporting staff, and appeared to be enjoying the introductions.

The inspector and staff approached the home of another resident, and this resident indicated that they did not wish to engage with the inspector. However they agreed with staff that the inspector could enter their home. The inspector therefore had a quick look around the home in relation to ensuring that the regulations were adhered to, but did not prolong the visit. During the brief visit the inspector ascertained that this was a person centred home, with personal items of the resident throughout. The garden area had potted plants and outdoor furniture that staff explained was a preference of the resident.

The third resident said a quick 'hi' to the inspector and went off on their chosen activity. Staff explained that they were very clear about their boundaries, and while they welcomed a visit to their main living area, both their bedroom and their games room were private to them. Staff described the way in which this was acknowledged and the inspector also respected this choice.

Throughout the morning of the inspection it was evident that staff supported the choices of residents, and that they advocated on behalf of residents to ensure that the inspection respected the rights of each resident. The inspector was assured that all staff members and management facilitated the inspection in a transparent manner, whilst respecting the rights of residents to their privacy.

The inspector observed residents leaving for their chosen activities, and it was clear that they were comfortable with the staff members. Throughout the inspection it was evident that residents were supported in a person centred way, and that staff communicated effectively with them. There was accessible information readily available to residents in relation to various aspects of daily life, including records of

discussions with staff members, and information about assisted decision making.

The inspector reviewed the documentation that was maintained for each resident, and found that they each had a variety of activities that they enjoyed, and it was evident that each of them was supported to have a meaningful day in accordance with their preferences. Residents were involved in various activities, both in their homes and in the community. Some residents enjoyed gaming, and were part of an online community, and others enjoyed activities such as visits to the cinema, shopping and spa visits.

Some family members of the residents had completed questionnaires in advance of the inspection, and there were many positive comments. For example, one family member said that their relative had a great level of respect for staff members, and thanked them in the presence of their family. They commented that this was 'a big step up' for their relative. Another said that the staff were very patient with their relative, and that they were always available to answer questions, and that they were helping their relative to be more independent.

Overall it was evident that residents were supported to have meaningful life, were supported to make their own decisions, and to increase and maintain their independence.

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective.

There was an appropriately qualified and experienced person in charge who was involved in the oversight of the centre and the supervision of staff.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of the residents, and who facilitated the choices and preferences of residents.

There was a clear and transparent complaints procedure available to the residents.

## Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre. It was clear that they were well known to the residents, and that they had an in-depth knowledge of their support needs.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night. 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, including any relief staff. Each resident had a one-to-one staff member each day, and there were two staff supporting three residents overnight, with support available from nearby designated centres, and from a supernumerary registered nurse on duty across the campus each night.

The inspector spoke to three staff members during the course of the inspection, and found them to be knowledgeable about the support needs of residents. Staff were observed throughout the course of the inspection to be delivering care in accordance with the care plans of each resident, and in a caring and respectful way.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff training was up to date and included training in fire safety, safeguarding and positive behaviour support. Staff could describe their learning from their training, and relate it to their role in supporting residents.

There was a schedule of supervision conversations maintained by the person in charge, and these were up to date.

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.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place and an annual review of the care and support of residents had been prepared in accordance with the regulations. The annual review was a detailed report of the care and support offered to the resident. The inspector reviewed a sample of required actions from these processes, and found that they had all been completed. These actions included some maintenance

<p>issues, and a review of care plans. All of these had been completed within their identified timeframes.</p> <p>A range of audits had taken place, for example, audits of medication management, fire safety and residents' finances. The person in charge maintained an action plan which amalgamated all the required actions identified during the oversight processes, and these were monitored until complete.</p> <p>Regular staff team meetings were held, and the inspector reviewed the minutes of the last two of these meetings. There was a sign in sheet for staff who were unable to attend the meeting to sign to confirm that they had read the minutes, and this was monitored by the person in charge.</p> <p>Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The Statement of Purpose included all the information required by the regulations, and described the service offered to residents.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>There was a clear complaints procedure available to the resident and their friends and family. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. There were no current complaints.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>All the required notifications had been submitted to HIQA, including notifications of any incidents of concern.</p>
Judgment: Compliant



## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and residents were supported to engage in multiple different activities, and to have a meaningful day.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Where residents required behaviour support there were detailed behaviour support plans in place which were developed and overseen by a behaviour support specialist.

There were risk management strategies in place, and all identified risks had effective management plans in place. Any newly identified risks were responded to in a timely manner. There were appropriate systems and processes in place to ensure fire safety.

The rights of the residents were well supported, and communication with residents was given high priority. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

## Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. It had been identified that self-contained living areas were best suited to meet the needs of each of the residents. Each resident arranged and decorated their home as they chose, and allocated various areas of their homes for different uses, for example one of the residents had a dedicated gaming room, and another had pet-proofed furniture in their living area.

In addition, where a resident had been identified as having anxiety around noises associated with bad weather, sound proofing had been added to their home to minimise the impact. It was therefore evident that the provider had ensured that the premises met the assessed needs of residents.

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 the resident. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk management plans included the management of behaviours of concern and self-injurious behaviours, the use of restrictive practices and the management of pets. They were based on detailed assessments, and clearly identified any required control measures. Staff members were very knowledgeable about each of the identified risks, and could describe their role in mitigating risks to residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place various structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and there was a personal evacuation plan in place for each resident, giving guidance to staff as to how to support each resident to evacuate.

Each of the modular homes had an individual fire alarm, and regular fire drills had been undertaken in each home, including under night-time circumstances. Records of fire drills indicated that all residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. The inspector reviewed the practice in relation to administering medication and it was clear that it was appropriate and in accordance with best practice.

The residents had a current prescriptions, and staff were knowledgeable about each medication. Most medications were supplied by the local pharmacist in 'blister packs', and receipt of medication orders was carefully checked. Where medications were supplied loose in containers, there were regular checks on stocks, and a reducing balance was maintained. The stock of medications checked by the inspector was correct.

There were clear policies in relation to medication management, and each resident had a clear care plan which included guidance for staff about their individual needs. For example, where a resident might refuse to take essential medications, there was

a protocol in place to ensure their safety, which had been agreed by the resident's general practitioner. Overall it was clear that medications were managed safely and in a person-centred way.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident which were regularly reviewed and were based on a detailed assessment of need. Care plans in place included plans relation to healthcare, the management of behaviours of concern, and social care and activities. The plans included detailed step-by-step guidance to staff as to the support required by each resident. The plans had been made available to residents in an accessible format. One of the residents in particular was interested in reviewing their personal plan regularly, and had been supported in researching their medication to inform themselves.

Goals had been set with each resident in relation to maximising their potential and in accordance with their preferences and abilities. Goals related to learning new skills, improvements in accessing the community and increasing opportunities for leisure activities. The effectiveness of the goal setting process was recorded, for example one of the residents was increasing the frequency of family visits, and the success of visits was recorded.

There were accessible versions of all the information in the person-centred plans available to residents, for example in the form of social stories using pictures and simple phrasing, and it was clear that the residents each made their own decisions as to their chosen goals which were meaningful to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Proactive strategies were identified, and staff could discuss the ways in which they were supporting residents to reduce the occurrence of incidents of behaviours of concern. The plans included skills-teaching protocols as a pro-active strategy, together with guidance for staff as to how to reduce the occurrence of behaviours of concern, and how to manage any incidents if they did occur.

It was clear from the records that there had been significantly improved outcomes for residents due to a significant reduction in behaviours of concern. This had

improved the opportunities for community access for residents, and had allowed for more independence in terms of staffing arrangements.

Staff had all received training in the management of behaviours of concern, and all staff engaged by the inspector were knowledgeable about their role in supporting residents, and could identify the strategies in place for each resident.

Where restrictive practices were in place to ensure the safety of residents, the practices were monitored to ensure that they were the least restrictive measures available to mitigate the identified risks. There was a restrictive practices register in place which included each intervention and the rationale for its use.

There was an emphasis on lifting or removing any restrictions if possible, and on supporting residents in alternative ways where restrictions were deemed necessary. For example, one of the residents had restricted access to their mobile phone in relation to the unsafe use of unsupervised phone calls, but had been supported to access a tablet so that they could have free access to the Internet.

The reduction in restrictions included the gradual removal of a gate lock for one of the residents. The inspector was assured that restrictions were only in place if they were necessary to safeguard residents.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff had all received training in human rights, and could speak about the importance of supporting the rights of residents. They spoke about the ways in which they ensured that the voices of the residents were heard. A staff member described the way in which residents might sometimes make unwise decisions, for example in their choice of meals and snacks, or in choosing to smoke cigarettes. They described their role in ensuring that the resident had access to all pertinent information, and in then supporting their decisions.

Residents were involved in various activities, both leisure activities and learning opportunities, and were being supported to gain independence and to learn new skills. They were also supported in maintaining their own privacy, for example in deciding who to invite into their homes, or into certain areas of their home. For example one of the residents was clear that their bedroom was their personal space, and this was respected by the staff team.

Overall it was clear that staff were making all efforts to ensure that the voices of residents were heard and responded to.

Judgment: Compliant

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## 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant