



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

Issued by the Chief Inspector

Name of designated centre:	Ferndale
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2020
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0029678

About the designated centre

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

Ferndale provides a residential service for adults both male and female over the age of 18 years with intellectual disabilities, acquired brain injuries who may also have mental health difficulties. It is the aim of the service to promote independence and to maximise quality of life through person-centred principles within the framework of positive behaviour support. The centre is a detached two-storey building, consisting of six bedrooms, a kitchen, two living rooms, dining area, staff office and two bathrooms. The centre can support a maximum of five residents and is situated a short distance from a town in Co. Meath. The centre is staffed by a person in charge, team leaders and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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
Wednesday 17 June 2020	14:30hrs to 17:40hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector spoke with three of the five residents living in the designed centre. Residents told the inspector about where they had been during the day and what their plans were for the evening. Residents were looking forward to dinner and had been supported by staff to choose the meals for the week and go grocery shopping. Residents were supported to engage in meaningful activities in the community despite the national restrictions, including going on country walks in the local area, and attending individualised day service.

Overall residents liked their home and their personal space and felt well supported by staff. Residents felt comfortable raising issues with staff verbally, through weekly meetings, or through the complaints procedures. Residents got along with each other generally, but some residents told the inspector that there can be disruptive incidents in the house that can cause upset or require staying in their bedroom for a time.

The inspector observed positive, supportive and friendly interactions between staff and all residents. Residents were facilitated to be independent in their day and given choices on how to spend their time.

The inspector found examples of residents' feedback and concerns being raised and addressed in weekly meetings and through complaints procedures.

Capacity and capability

This risk-based inspection was carried out in response to an identified trend in adverse incidents impacting residents' safety and wellbeing in their home, associated with compatibility concerns of residents' needs. The overall finding was that the provider had implemented multiple measures over recent months to keep residents safe and meet their assessed needs, however there continued to be compatibility issues between residents and the risk of incidents of violence and aggression remained. When these strategies proved to not be effective in addressing the risk, the decision was made to arrange transitions to alternative accommodation to more effectively meet residents' support needs. These arrangements were in progress at the time of inspection.

The inspector found that the provider had a good oversight of the risks and had made arrangements to amend the staff support and premises to meet residents' needs. Since the compatibility risks were identified as a recurring trend, the provider had enhanced the individual day support service and community outings to ensure that residents' daily routines and meaningful engagement were maintained and led

by resident choice. The provider had also rearranged the premises to provide a second living room space to allow for quieter space in which to relax or engage in recreational activities, or to use as an option for relocation if there is a safety risk to residents. When it was determined that these measures were ultimately not effective in ensuring the safety and welfare of the residents on a sustainable basis, the decision was made to arrange transition of residents to alternative accommodation which would be more more suitable in supporting residents' assessed needs. The inspector found good evidence of the provider regularly engaging with relevant parties to ensure that the transition was suitable and that funding was secured in a timely fashion, to expedite the transition in a safe and effective manner.

The provider had recently conducted an unannounced inspection of the premises and had identified areas of improvement with identified timeframes to implement actions. These actions had been or were being completed as per the identified times. The provider had also ensured that this designed centre was suitably resourced to manage the risks associated with COVID-19, and the inspector found evidence of oversight and leadership provided through regular provider meetings to identify and address identified risks within the service.

The inspector reviewed the log of incidents in the service and found that all entries which were required to be notified to the chief inspector had been done within the required timeframes.

The residents had accessible information on making complaints and providing feedback on the service. They were encouraged to use the complaints process whenever they felt anxious or upset, and residents told the inspector that they would be confident that they could do so to the manager and staff. Formal and verbal complaints were recorded in detail, outlining engagement between the provider and complainant and notes on whether the person was satisfied and reassured by the outcome.

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and there were systems in place to ensure effective monitoring and oversight of the centre. There was evidence that the provider had ensured that measures to reduce the risks associated with the safety and welfare of resident were progressed efficiently.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted notifications regarding adverse incidents to

the chief inspector within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were facilitated and encouraged to use the complaints process when needed. Formal and verbal complaints made by residents and their families were addressed in a timely fashion by the provider.

Judgment: Compliant

Quality and safety

The provider had systems and strategies in place to support residents who responded to distress or frustration with behaviours which created a risk to themselves, their fellow residents or to staff. Positive behaviour support plans were created which were person-centred and kept under review by the behavioural therapist. The plans were informed by incidents which had occurred in the designated centre to guide staff on how to prevent upset, to identify settings or signals which may precede responsive behaviour, and strategies on how to proactively manage or respond to the risk, to keep people safe.

The inspector reviewed guidance strategies on the safe and appropriate use of low-level physical interventions used to de-escalate incidents when other methods have not been successful. This strategy had been used twice since its recent introduction and the person in charge had evidence for each instance to provide rationale for its use and assurance that it was the least restrictive intervention for the shortest duration necessary to safeguard service users. Staff had received training in the use of these techniques. The positive behaviour support plan, however, had not been updated to reflect the introduction of these physical interventions as an option in responding to risk and provide guidance of when it would be necessary to implement them.

Residents told the inspectors that overall they liked living in the service, felt supported by staff in their daily lives, and generally got along with one another. However, some residents identified that there were times that they felt uncomfortable during incidents and felt safer in their bedrooms. This was reflected in matters raised in resident feedback to the provider, and to incidents notified to the chief inspector. The provider facilitated and encouraged residents to speak openly if they felt anxious or worried and there was evidence of positive engagement to reassure residents. Staff had completed training in identifying and

responding to actual or potential safeguarding risks, including responding to responsive behaviours and compatibility concerns.

At the time of inspection, arrangements were in progress to transition residents out of the service to accommodation which was more suitable for supporting their assessed needs. For each of the residents involved, there was evidence of assessment that the placement was deemed suitable, that associated funding and resources had been secured, and that the transition had been discussed, planned for and agreed with the residents and their representatives.

The inspector reviewed evidence indicating proactive leadership and engagement from the provider to the local management and staff in providing education and resources to services to mitigate risks associated with infection control and the current global pandemic. Personal protective equipment and hand hygiene facilities were available and used by staff where social distancing could not effectively be achieved. Staff had recently been tested for COVID-19 and had their temperatures recorded at the start of each shift. Training was provided to staff on staying safe and self-monitoring for symptoms associated with the illness. This was also discussed with residents in weekly meetings to reassure people of any concerns and support them to stay safe. Risk assessments were carried out for each resident identifying control measures if people became symptomatic and identifying whether residents could effectively isolate in their home if required. The provider operated a steering group for the designated centres which provided guidance and information sharing opportunities for management teams to proactively identify and mitigate potential infection control risks.

Regulation 25: Temporary absence, transition and discharge of residents

The provider had plans in place to determine the suitability of residents transferring between services, to ensure that placements were in accordance with residents' assessed needs and had been discussed and agreed with the residents and their representatives.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had suitable contingency arrangements for managing the risks associated with the COVID-19 pandemic. The centre was clean and suitably equipped for effective hand hygiene and use of personal protective equipment.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had developed systems to meet the behavioural support needs of residents which was informed by person-centred information and therapeutic input. There was some improvement required to ensure that positive behaviour support plans reflected and guided on all strategies available to support residents.

Judgment: Substantially compliant

Regulation 8: Protection

The measures implemented to protect and reassure residents had not resulted in an overall improvement in the safety of residents in this designated centre. However, there was evidence that the provider had taken appropriate steps towards implementing action to address compatibility issues, which were in progress at the time of inspection. The residents were supported to keep themselves safe and encouraged to speak with staff on concerns they may have.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0029678

Date of inspection: 17/06/2020

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Positive Behaviour Support Plan was amended and updated to reflect the Crisis Intervention Plan in place that is used as a guide for staff to implement for the safety of residents living in Ferndale.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Resident transitioned from Ferndale to a single unit accommodation within the service on the 29/06/2020.	

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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	17/06/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	29/06/2020