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:	Ferndale
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	29 July 2025
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0039001

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. 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, a house manager, team leaders, registered nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 29 July 2025	10:40hrs 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.

There were five residents on the day of the inspection, and the inspector met four of them. One resident chose not to meet the inspector, and this was respected.

On arrival at the designated centre the inspector met a resident who was heading out with a staff member. The resident had a chat with the inspector, and said that they were going out to the gym. They spoke about the activity and said that they would be going for a coffee afterwards at the local coffee shop. They spoke about the good deal they were getting with an offer at the shop.

Another resident was also on the way out, they said they were well settled today, and that they were heading out to the shop. They were keen not to be held up, so the conversation was brief, however the resident appeared to be content and very much at home.

The inspector conducted a 'walk around' of the centre and found it to be laid out in accordance with the needs of the residents. Each had their own room, and there were various communal spaces both in the house and in the gardens. Some minor maintenance issues were addressed immediately on the day of the inspection or the following day.

One of the residents was asked by the person in charge if they would like to meet the inspector, and they said that they preferred not to. However, another resident invited the inspector into their room for a chat. They spoke about their hobbies and activities, and told the inspector that they were known in the local coffee shop, and that the staff there knew the resident's order without them having to ask.

They spoke about how much they enjoyed going to the gym with the support of staff, and said that they would like another day at the gym each week. The inspector spoke to the person in charge about this, and found that there were arrangements in place to begin the extra day.

Another resident asked for the person in charge to support them while they spoke to the inspector, and was then comfortable enough to have a chat. They were particularly keen on gardening, and showed the inspector around the garden. They were clearly proud of the plants and vegetables that they were growing, and this was a meaningful activity for them.

All the residents that the inspector spoke to said that they felt safe and happy in their home. They all knew who to go to if they had any problems or concerns, and said that they felt supported by the staff team.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre, with some minor improvements being required in the documented guidance for staff in relation to communication needs. ,

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

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. The person in charge was supported by a house manager, team leads and registered nurses.

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

There was a clear and transparent complaints procedure available to 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 the support needs of each resident.

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. If additional staff were required, either regular staff

undertook extra shifts or staff were drawn from a regular relief panel, and as a last resort from nearby designated centres operated by the provider.

There was a team lead and four staff on duty each day, and where residents were determined to require one-to-one staff this was always facilitated. All staff had an appropriate qualification.

A sample of three staff files was reviewed by the inspector, and all the information required by the regulations was in place, including garda vetting.

The inspector spoke to three staff members on duty, the person in charge and the person participating in management 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.

It was evident that the staffing arrangements were in accordance with the needs and preferences of each resident, and had resulted in positive outcomes for residents.

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. Training in relation to the specific needs of residents had been undertaken, including the management of diabetes, epilepsy and communication in intellectual disability. 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. The inspector reviewed the records of three supervision conversations and found a clear agenda for discussion including a review of any actions identified in the previous meeting, and positive feedback for staff.

It was evident that staff development and training was supported, and that staff were appropriately supervised.

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. The person in charge was supported by a

team leader. All the required actions identified at the last inspection had been implemented.

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 was available in the designated centre. The annual review was a detailed report of the care and support offered to residents. An action plan had been developed from this review, and the actions had all been completed or were within their timeframe.

Required actions included increased access to the gym for one resident, and goal setting for another. Both of these had been addressed. Further goals related to continued good practices and maintaining good standards, and this was consistent with the findings of this inspection.

Six-monthly unannounced visits on behalf of the provider had taken place in December 2024 and July 2025. These reports were detailed and also included an action plan. There was a suite of audits in place, and an overall audit of all aspects of care and support. There had been an improvement in the quality of these audits since the previous inspection in that auditors had begun to include comments in relation to supporting evidence, rather than just ticking boxes on the audit forms.

The designated centre was appropriately resourced, for example there were sufficient staff to meet the needs of residents, and there were two vehicles for the use of residents. The designated centre also had access to further vehicles of the provider should additional needs be identified.

Staff team meetings were held monthly, and the inspector reviewed the minutes of the last two of these meetings. The items for discussion included infection prevention and control, fire safety, safeguarding and an update on residents care and support. A staff sign in sheet was maintained which all staff were required to sign to indicate that they had read the minutes of the meeting.

Staff supervision was undertaken by the person in charge and the house manager, and they were supported by two team leads and staff nurses.

Overall, staff were appropriately supervised, and the person in charge and senior management had good oversight of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose which included all the information required by Schedule 1 of the regulations.

The statement of purpose outlined a range of information about the centre, including the facilities and services in the centre, the organisational structure, and the arrangements for consultation with residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version and was clearly displayed as required by the regulations. Residents told the inspector who they would approach if they had any concerns.

There was a process whereby any complaints were recorded, including any actions taken to address the complaint, and information as to whether the complainant was satisfied with the outcome, although there had been no complaints in the year prior to the inspection.

It was evident that residents and their families and friends were supported to raise any concerns, and that there was a transparent process for the management of complaints.

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.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them, although some improvements were required in the documented guidance for staff in relation to communication strategies for residents.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and each identified risk had a detailed risk assessment and management plan.

The rights of the residents were well supported, and residents indicated that they were happy in their home. Staff were knowledgeable about the support needs of residents and supported them in a caring and respectful manner.

Regulation 10: Communication

Several of the residents communicated verbally, and did not need any supports. They spoke to the inspector, and other than asking for support from familiar staff, did not have any communication support needs.

However, where a resident did require supports, the information in their care plans was not all accurate. For example, one of the care plans stated that the resident 'does not understand written information'. This was not correct, as the inspector observed staff to be writing information on a white board for the resident as an effective method of communication.

The inspector reviewed further information relating to this resident, and found that the positive behaviour guidelines guided staff to write down information for the resident. The inspector observed staff communicating effectively with the resident, so that it was clear that this was an error in documentation. The error was rectified prior to the close of the inspection.

Overall it was evident that staff were communicating effectively with residents, that information was provided, and that all efforts were made to ensure that their voices were heard.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents were offered support in the management of their finances in accordance with their needs, and various levels of staff support were offered.

Each resident had their own bank account, and their income was deposited directly into these accounts. Some residents had an assistant decision maker (ADM), and while they made all of their own day-to-day spending decisions, their ADM supported them when making a purchase of a large amount.

In relation to every-day expenses, residents were supported by staff, and the inspector reviewed the management of the finances of two residents. Each purchase was signed off by two staff members, and receipts were maintained for each

transaction. The receipts and balance of the accounts was checked by the inspector and found to be correct.

It was evident that the systems were robust, and that residents were supported to be independent in this area, while being protected from the risk of financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

There was a clear emphasis in the designated centre on ensuring that residents had a meaningful life, and they were introduced to new opportunities, both in the community and in their home.

Some residents had a weekly planner, although these were flexible so that residents could change their minds about planned activities. Others preferred to make decisions on a daily basis. A record was maintained on all activities including comments on the engagement of the resident to inform future activities. It was evident that there were sufficient staff to ensure that residents were facilitated in their choices.

Some residents enjoyed outings for coffee or meals, some chose movies or sports, and it was clear that choices were accommodated.

There was a system of person-centred planning, and within this system residents were supported to set goals for personal achievement. Not all residents chose to be involved in this type of plan, and some residents changed their goals, or the timeframes for achievement. Each resident's preference was supported.

Residents who spoke to the inspector were happy with their activities, both home-based and in the community.

Overall it was clear that residents were supported to have work and leisure activities of their choice, and to be supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The premises were well maintained, and were appropriate to meet the assessed needs of residents. Each resident had their own room which they arranged and decorated as they chose. There were various communal areas including the spacious gardens, and the house is close to a small town that residents access regularly.

The taps in one of the bathrooms were touch controlled, so that residents had to keep pressing the taps to ensure a flow of water when using the sink. This was not in keeping with a homelike environment, and there was no rationale for this system. However, confirmation was submitted by the PIC the day after the inspection that this had been rectified and normal homelike taps had been installed.

The inspector noted that the toilet seat in one of the bathrooms was not securely attached to the fitting. A member of the organisation's maintenance department attended the designated centre during the course of the inspection, and this matter was immediately rectified.

It was evident that the designated centre was laid out in a person centred way, and that the rights of resident to have an appropriate and well maintained home were upheld.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy in place 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.

Local and general risks included the risks associated with fire safety, infection prevention and control, lone working and smoking. Each of the identified risks had a clear management plan including control measures which ensured that the risks were mitigated.

The inspector reviewed the individual risk management plans in relation to behaviours of concern, dysphagia and absconding. Each of these risks had a detailed risk management plan, and each had been regularly reviewed.

For example, the risk management plan in relation to the risk of choking for one resident had been reviewed on 25 July 2025. The control measures outlined in this management plan included seating, a clear description of the required modified diet and the requirement for staff training. The inspector found that all the required actions had been implemented.

The inspector was assured that control measures were in place to mitigate any identified risks relating to residents in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place 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 an up-to-date personal evacuation plan (PEEP) in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate.

The inspector reviewed all five of these PEEPs and found that they included clear guidance in relation to evacuation. Where residents had declined to participate in fire drills this was documented, and residents said that they knew what to do if there was an actual emergency. The PEEP for each resident included this information, and gave additional guidance to staff as to how to proceed, for example one resident required 'gentle and calm explanation', and another could be offered a cigarette if required. There was a detailed risk assessment in place for these residents, and an overall risk management plan, indicating that the matter was kept under constant review.

Staff were knowledgeable about the guidance in the PEEPs and associated risk management plans, and explained to the inspector the steps that they would take in an emergency.

The discussions with staff and the documentation in relation to fire safety indicated that residents were protected from the risks associated with fire, and that they 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 medication administration with a staff member, and found the practice to be appropriate and in accordance with best practice.

The administration of any 'as required' (PRN) medication was in accordance with best practice. Staff described in detail the steps they would take prior to considering the administration of medication, which was in line with the guidance in the personal plans of residents. There was detailed guidance in place which described the circumstances under which administration should be considered.

All the residents had a current prescriptions, and staff were knowledgeable about each medication. Medications were supplied by the local pharmacist and receipt of medication orders was carefully checked.

The required actions from the previous inspection had been implemented, and the inspector was assured that medications were safely managed.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there were care plans in place to guide staff in supporting residents with any healthcare needs.

There were care plans in place in relation to a variety of healthcare needs, for example diabetes, eyesight and skin integrity. These care plans were detailed, and gave sufficient guidance to staff to ensure that they delivered appropriate care and support. For example, the care plan in place to support a resident with their diabetes included information about optimum blood sugar levels and the appropriate response to any changes, and outlined guidance in the event of an emergency There was reference to the recommendations of the dietician and to the importance of foot care.

Residents had access to various members of the multi-disciplinary team, including their general practitioners, the speech and language therapist, psychology and counselling and mental health professionals.

Residents had been offered healthcare screening appropriate to their gender and age, and easy read information had been made available to support the understanding of residents.

Overall the inspector was assured that the healthcare needs of each resident were monitored and addressed.

Judgment: 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, including the types and signs of abuse, and their role in reporting and recording any allegations of abuse.

There were detailed personal and intimate care plans in place for each resident which included all aspect of the required care and support.

All residents who spoke to the inspector said that they felt safe in their home, and that they knew who to approach if they had any issues.

The inspector was assured that residents were safeguarded from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights and could discuss various aspects of supporting the rights of residents. Staff spoke about the rights of residents to make choices, and to refuse options that they did not disagreed with. Staff members spoke about their responsibility to ensure a good quality of life for residents, and gave examples of this including the rights of residents to have choice about the way in which personal care was provided.

There were various examples of residents being supported to make choices. For example, where a resident didn't like to hear the noise from other areas of the house, soundproofing had been installed in their room.

Residents had the keys to their own rooms, and decided who would enter their room. There was respect for the privacy of residents, for example, one resident had a sign on their door that permission must be sought before entering, and this was respected by the staff team.

There were regular residents' meetings at which residents were consulted about various aspects of life in the designated centre. Residents told the inspector that they found these meetings useful, and described some of the things that were discussed there.

Residents were supported to engage in a wide range of activities in accordance with their preferences, and to be involved in their local community. They were involved in the local gym and coffee shop, and had a variety of hobbies including sports and gardening.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0039001

Date of inspection: 29/07/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: A full review of the communication care plans has been completed by the Person in Charge and the Assistant Director of Services to ensure they align with resident's communication profiles and the guidelines developed by the Allied Professional recommendations. All staff have been informed of any updates made to these plans and will be given an opportunity to discuss their implementation at the next staff meeting.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/09/2025