



**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:	Avalon
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	10 March 2021
Centre ID:	OSV-0002433
Fieldwork ID:	MON-0032284

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 adults 18 years and over, who present with a diagnosis of intellectual disability, autism or acquired brain injury and mental health. This centre can accommodate a total of five residents. It is fully wheelchair accessible and each resident has their own bedroom. The centre consists of a kitchen, utility, dining room and four communal living areas. The centre also has two bathrooms and two wc's available. There is also a communal garden available to residents. The centre is located a short drive from a village in Meath. The centre is staffed by a person in charge, nurses and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 10 March 2021	09:00hrs to 15:00hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with the public health guidelines and minimise potential risk to the residents and staff.

From what the inspector observed and what residents said during the inspection, residents appeared to be supported to have a good, safe quality of life which was based on their own likes and preference's.

The inspector met with all five of the residents at various times during the day and three of the residents spoke with the inspector, supported by the staff. The residents said they were happy in their home, they enjoyed their activities, and staff let them do things at their own pace and times. They said they had no problems and if they had, they would talk to the manager and staff. They said they got on well most of the time and were all friends.

During the day, the inspector observed that the residents did various different activities, such as going out to buy their fashion magazines, going for long walks which they said they enjoyed, doing exercise or engaging in sensory time, played card games or watched TV with the staff. One resident was planning to go to a neighbouring house for tea, cake and to visit with his friends.

These activities were undertaken as and when residents wanted. For example, a number preferred clear routines and time tables and others preferred more spontaneous activities. The inspector saw these were facilitated by the staff on the day.

The pandemic had impacted on the residents' social activities and community access. They had previously accessed activities such as swimming, going to local gyms, massage, and other therapeutic supports. They had opportunities to trial activities, such as horse riding and grooming to see if they would enjoy this. A number had gone away for a short holiday when restrictions allowed and a resident said he had enjoyed this and would do so again. A range of various different activities were introduced during the pandemic, including helping with meals if they wished, doing art work, taking pictures, doing up their own bedrooms and doing the garden with staff support. The inspector saw that further plans and goals were being discussed with the residents for when the restrictions lifted.

Some residents said they were looking forward to the change when COVID-19 restrictions were lifted and they could go home for visits again, do proper shopping, but staff helped them do this on-line in the meantime and they had video calls with their families.

This centre supported residents with significant complex needs and to ensure their safety and wellbeing, a high staff ratio was provided. This resulted in a person-centred approach, while maintaining all residents' safety, with carefully managed

restrictive practices. The staff were very familiar with the resident's needs, very engaged with them during the day, were adhering to the detailed support plans and responding promptly to any signs of distress.

There were a number of systems used to promote the residents' rights in their daily lives and to assist them in doing so independently. However, the details of one specific behaviour which could impact on a resident's personal privacy and dignity in the environment, the details were not recorded so as to ensure this was not the case. This lack of detail did not support an adequate review of the impact on the resident.

The premises was comfortable and spacious, with ample communal and private space. The residents own personal spaces were comfortable and they had their own favourite possessions, and photos of activities and families were proudly displayed.

In summary, there were systems in place to support the residents health, emotional, and social care needs. There are a number of substantial compliance identified in this report in relation to safeguarding plans and supports. However, from speaking with staff, the residents, the person in charge and reviewing other records, the inspector was assured that these were primarily documentary deficits and do not impact on the residents lives.

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

Overall, 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 providers 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 in December 2019 with a good level of compliance found. Some actions were identified which included the recording of as required (PRN) medicines and poor adherence to the residents' intimate care plans. These had been addressed in the interim.

The provider, a private organisation, comprises a board of directors, and a management structure and reporting systems which includes the director of services and persons in charge. A new person in charge had been appointed, and was found to have very good knowledge of the residents and had good systems for oversight of the care in the centre. There was also a team leader appointed to support the

person in charge.

The provider has initiated a number of systems for monitoring and quality improvement including detailed audits, reviews of practices and an annual review of the service. These have identified a number of areas for improvement and progress has commenced and all of these were being addressed by the time of the inspection. These included further review and details of the residents health support plans and risk assessments.

The inspector reviewed records of small number of complaints made and found that the person in charge had responded in a timely manner to address the issue. There was also evidence of consultation and communication with the residents families.

The centre was well resourced in terms of staff, and internal access to a range of allied and specialist services to provide the support the residents needed, in recognition of the complexity of the service. Recruitment practices were safe, and there were good quality staff supervision systems implemented. There was a stable staff group which ensured consistency of care and support for the residents. The staff advised the inspector that they were very well supported by the manager and were also very clear on the daily supports needed for each of the residents. The provider ensured that staff had the mandatory training and skills to support the residents, with any gaps due to COVID 19- rescheduled.

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 inspector noted that all of the required notifications were being forwarded to the Chief Inspector, with appropriate actions taken following any incidents.

Registration Regulation 5: Application for registration or renewal of registration

All of the documentation required for the renewal of the registration of the centre had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required experience in management, was fully engaged in the role, with very good knowledge of the residents and good systems

for oversight of the care in the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was well resourced in terms of staff with either one-or two-to-one staff available. Nursing care and oversight was also available regularly so that the residents needs were being met. Recruitment practices were safe and there was stable staff group which ensured consistency of care and support for the residents. The staff advised that they were very well supported by the manager.

Judgment: Compliant

Regulation 16: Training and staff development

The staff were provided with a range of training including fire safety, medicines management, first aid, positive behaviour support and safeguarding. There were good systems for communication and staff supervision systems implemented, which provided consistency of care for the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective management structure and reporting systems implemented which included the director of services and persons in charge. The centre was also being effectively monitored and audited as required by the regulations with appropriate actions taken following these reviews.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of a small number of complaints or concerns raised, the person in charge had responded appropriately and resolved matters in a timely manner.

Judgment: Compliant

Quality and safety

The inspector found that the resident's quality and safety of life, taking their complex needs into account, was prioritised. However, there were some improvements needed in the records of investigations and safeguarding plans, and the records of some presenting behaviours, to ensure they were detailed and comprehensive, so as to keep the residents safe and ensure their dignity was also protected.

There were good systems in place to protect residents from abuse and respond appropriately to any concerns of this nature which arose. These were managed via appropriate screening and clinical review and reporting systems. These were primarily managed appropriately. However, in one instance reviewed regarding a peer to peer incident, the outcome of the clinical review was not recorded, although the person in charge advised that he had been informed verbally that there was no reason for concern.

In addition, there was no specific safeguarding plan devised where there was a potential risk to one individual resident. The staff were however aware of the risk, and the number and individual allocation of staff to each individual resident mitigated the risk. The person in charge ensured that the residents were supported by their preferred staff, for example, male or female, with their intimate care needs,

which respected their dignity and preference.

From a review of three 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, dietitian, general practitioner, psychology and mental health.

The residents had detailed support plans which were informed by the multidisciplinary assessments and they were frequently reviewed. The residents and their representatives were involved in this process. Their social care needs, hobbies and developmental needs were encouraged and were monitored so as to ensure they were achieved and that they were meaningful for the residents. These included developing basic life, personal and social care skills. For example, a resident had been supported to use the key-pad on his own apartment door so as to keep his belongings safe and another resident was planning to take guitar lessons to see if he would like this. The residents' healthcare needs, were carefully monitored and responded to. There were detailed support plans to guide staff to meet complex enduring healthcare needs in some instances.

As indicated by the resident complex needs, there was frequent intervention from behaviour support and mental health specialists with detailed support plans to guide staff. While there were incidents of concern occurring, these could be seen to have reduced and were comprehensively reviewed. This supported the ongoing quality of the resident's daily life. A number of restrictive practices were implemented for the safety of the residents. These were seen to be reviewed and reduced when no longer necessary. For example, the exit doors had been secured at all times, but were now only secured at times of specific risk. Additionally, some individual restrictions were implemented, at times of clearly identified risk. In this way, the systems were proportionate and the least restrictive to the residents.

Systems to promote the rights of residents were evident. These included residents meetings, where they were consulted regarding their routines and personal preferences. They were offered access to advocacy services, with the support of staff, and this was made available on-line during the pandemic. While they all required support with their finances, they had access to their own monies as they wished, and confirmed this to the inspector. However, one specific behaviour was noted as occurring frequently. There was a strategy in place to manage this and it was monitored. However, the specific details, such as timing and location, were not recorded, so as to ascertain how much this behaviour impacted on the residents' dignity and privacy in the living environment. This lack of clarity did not support an adequate review of the impact on the resident.

The residents all had communication plans in place and it was apparent that the staff were very familiar with these.

Risk management systems were effective, centre-specific and proportionate to the risk, while not unduly impinging on the residents' freedom or placing them at harm. 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. The documentation, however, was not clear as to whether the residents did actually evacuate during the drills or not. This was however clarified by the person in charge and other records.

The centre had implemented systems to prevent and control the spread of COVID-19. A number of strategies were deployed; restrictions on any visitors to the centre, increased sanitising processes, and the use of and availability of suitable personal protective equipment (PPE). Staff had regular training in infection prevention and control. The location of the centre and the inevitable crossover of locum staff, did pose a risk but it had been managed well when this concern arose. The staff were seen to be adhering to the guidelines regarding sanitising and wearing PPE and were supporting the residents to do so, in as far as possible.

Regulation 10: Communication

The residents all had communication plans in place and it was apparent that the staff were very familiar with these. They also had access to technology to support them.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and proportionate to the risk, while not unduly impinging on the residents' freedom or placing them at harm. Each resident had a detailed individual risk assessment and management plan for their individual risks, such as choking or self-harm and there was evidence of learning from incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had implemented systems to prevent and control the spread of COVID-19 and the system had been effective when this arose in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were good 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. The fire alarms also activated in another centre which ensured that staff would have additional support if this was needed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe systems for the management of resident medicines, these were monitored and any errors were addressed promptly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All of the residents had relevant assessments of their health emotional and social care need, undertaken, with frequent reviews evident and good support plans implemented to support their wellbeing and daily lives. Their social care needs and preferences were being well supported.

Judgment: Compliant

Regulation 6: Health care

The residents healthcare was promoted with very good access to general practitioners, (GP), dietitians and neurology. Staff were monitoring this carefully.

Judgment: Compliant

Regulation 7: Positive behavioural support

As indicated by the resident complex needs, there was frequent intervention from behaviour support and mental health specialists with detailed support plans to guide staff. The staff demonstrated an understanding of the residents emotional needs and incidents which occurred, were carefully reviewed. A number of restrictive practices were implemented for the safety of the residents. These had been assessed as necessary and their implementation was reviewed and monitored and reduced when no longer necessary.

Judgment: Compliant

Regulation 8: Protection

There was no specific safeguarding plan devised where there was a potential risk to one individual resident. The staff were however aware of the risk, and the number and individual allocation of staff to each residents did mitigate any risks. Additionally the outcome and detail of one review following a safeguarding incident, was not documented, although the person in charge advised that he had been informed verbally that there was no reason for further concern. However, this practise could place residents at risk.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were a number of systems used to promote the resident rights and to assist them in doing so themselves. These included residents meetings, where they were consulted regarding their routines, and preferences, supporting them with these preferences and access to advocates. However, where specific behaviour was evident, which could impact on a resident personal privacy and dignity in the environment, the details of the timing and location were not recorded so as to ensure this was not the case. This lack of detail did not support an adequate review of the impact on the resident.

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	
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Avalon OSV-0002433

Inspection ID: MON-0032284

Date of inspection: 10/03/2021

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. Specific to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The PIC will review the risk assessment for the identified resident in this report. Where there is a noted known risk this will be clearly documented in the individual risk assessment and Individual Support Plan for the individual. An individual safeguarding plan and risk assessment will be documented and implemented in relation to all known safeguarding risks. The outcome and review of all safeguarding incidents has now been clearly documented. The PPIM and PIC will monitor the documentation of all safeguarding matters, through the monthly audit process to ensure this practice does not reoccur.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC will work with the Positive Behaviour Support team to ensure the individuals PBS and related measures are sufficient to ensure the residents privacy and dignity is maintained at all times. The PIC and PBS team will ensure that ABC charting is in place, to capture accurate details on timing and environment of this specific behaviour and to allow for accurate review and implementation of any further measures required.	

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 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	29/04/2021
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural	Substantially Compliant	Yellow	29/04/2021

	background of each resident.			
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