



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

Issued by the Chief Inspector

Name of designated centre:	Evergreen Lodge
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	02 March 2021
Centre ID:	OSV-0005723
Fieldwork ID:	MON-0032024

About the designated centre

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

Evergreen Lodge provides residential service for up to five adults, male and female over the age of 18 years diagnosed with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. The centre is based in a campus setting, a short drive from a village in Co. Meath. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by positive behaviour support in line with our model of Person Centred Care Support. Evergreen Lodge is a single storey unit situated in a large building. It can accommodate residents with mobility issues and is fully wheelchair accessible. There are four individual bedrooms plus an additional bedroom with adjacent living room. There is one shared bathroom with WC, one shared shower room with WC, plus one separate WC as well as a staff WC. All bedrooms are fitted out to a very high standard and residents are supported to decorate their rooms as they please and are encouraged to personalise their room with their own items. The centre is staffed by a person in charge, staff nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 2 March 2021	10:30hrs to 17:00hrs	Noelene Dowling	Lead
Tuesday 2 March 2021	10:30hrs to 16:00hrs	Sarah Barry	Support

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 and one inspector was present in the residents' home.

Residents living in the centre presented with complex individual needs and required one-to-one supports to enable them to carry out their activities of daily living. Individual residents' assessment and support plans, along with incident reports reviewed show that residents' overall care and wellbeing was impacted by the combination of living together and the environment. There were a number of restrictive practices in place that while necessary, did impact on the overall environment and atmosphere in the centre.

The inspector met three of the five residents at various times during the day. Some residents were unable to directly share their views of the service with the inspector, but others spoke with the inspector and stated that they liked living in the centre, enjoyed their activities and sports and were observed to be content on the day getting on with their hobbies. Others were going out for drives or to the shop, or walked across the garden to another centre. The residents looked well cared for.

One resident said that he liked living there, the staff were good to him, and he got to do his activities and had his music systems which he really liked. He also said however, that at times it was very noisy when somebody got upset, and when this happened he went to his room and listened to his music.

Inspectors found that the premises was comfortable and spacious with homely touches evident. The residents' own personal spaces were comfortable and they had their own favourite possessions, if some were secured for safety reasons. Their photos and art work were proudly displayed.

There were sufficient staff on duty with the required training and knowledge to provide for the emotional and healthcare needs of the residents and staff were observed to be respectful and warm in their interactions with residents.

However, the inspector found that despite the high ratio of staff, staffs efforts to separate the residents and do individual activities and the consistent interventions of multidisciplinary supports, residents' right to a safe emotional as well as physical environment, were infringed. The overall issue of compatibility of the residents within the environment, and closer monitoring of how care was being delivered within the centre, is required, to ensure all of the residents needs were supported.

In summary, there are non-compliance's identified in this report, and it is acknowledged that this has come following a very difficult year with a significant turnover of staff, coupled with the challenges of COVID-19. However, the use of significant restrictive practices required further review to ensure they were the last

resort, and were reviewed and reconsidered. Some improvements were also necessary in access to comprehensive and suitable assessments for all residents, which would assist in identifying their needs and personal goals to support them in their daily 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

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

The findings from this inspection indicate that some improvements were necessary in the management systems to ensure that the residents receive the necessary care and support appropriate to their complex needs and that issues are addressed in a more timely and effective manner.

The centre was last inspected in November 2019. While there was a good level of compliance at that time, there were also a number of actions not fully addressed by the provider, these included the need to establish meaningful personal goals with the residents and a more robust review of the use of restrictive practices in the centre. These matters were also identified on this inspection, along with the need to review the communal living arrangements for the residents, given their complex needs. .

Prior to the inspection, some restructuring of the management arrangements had taken place. However, following discussion with the inspector, the provider agreed to review these and did so. The person in charge was suitably qualified and experienced for the post.

The inspector saw that lines of accountability and reporting structures were being implemented and when fully embedded in practice should provide better oversight and direction of practices at the centre level. There was also evidence of the implementation of an improved system for monitoring and quality improvement including detailed audits, reviews of practices and a transparent annual review of the service. These had identified a number of areas for improvement and progress had already commenced

The service was also well resourced in terms of staffing, equipment, premises, transport and internal access to a range of allied and specialist interventions to support the residents, in recognition of the complexity of the service.

The provider ensured that staff had the mandatory training and skills to support the residents with any gaps due to COVID-19 rescheduled. While there were gaps identified by their own audits these had been addressed. There were systems for monitoring and communication with staff and any concerns identified regarding staff, were being addressed and monitored via the formal supervision systems, which helped to protect the residents.

Recruitment practices were safe with all of the necessary checks being undertaken prior to staff taking up the post, including checks for those staff recruited from overseas. There had been a significant turnover of staff in mid-2020 which did impact on the residents care and support. At the time of the inspection the situation was stable.

From a review of the accident and incident records, the inspector noted that while all incident which required notifications were forwarded, the specific and most important details in relation to one restrictive practice was not fully disclosed in the notification.

Registration Regulation 5: Application for registration or renewal of registration

All of the documents required for the renewal of the registration had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge who reports to the director of service.

Judgment: Compliant

Regulation 15: Staffing

There was a high ratio of staff with the skills to support the residents, both day and night, and recruitment procedures were safe and satisfactory.

Judgment: Compliant

Regulation 16: Training and staff development
The provider ensured that the staff had the training and knowledge to support the residents. Effective supervision procedures were implemented.
Judgment: Compliant
Regulation 22: Insurance
Evidence of up-to-date insurance was forwarded as part of the providers application to renew the registration of the centre.
Judgment: Compliant
Regulation 23: Governance and management
Improvements were necessary in the management systems to ensure a more effective and timely response to issues identified so that residents receive the care and support appropriate to their complex needs. Further review of the residents needs, their compatibility in this environment and monitoring of the use of restrictions is required.
Judgment: Not 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.
Judgment: Compliant
Regulation 31: Notification of incidents
From a review of the accident and incident records, the inspector noted that while all incidents which required notifications were forwarded, the specific and most

important details in relation to one restrictive practice was not fully disclosed in the notification.

Judgment: Substantially compliant

Quality and safety

The inspector found that the resident's quality, safety of life and complexity of needs, was supported by the high staffing levels, good access to healthcare and multidisciplinary reviews. However, there were improvements needed to ensure that all of the residents care needs were adequately assessed, that the communal environment was suitable to meet their combined needs, that their home was peaceful, and the least restricted.

There was regular intervention from behaviour support and mental health specialists in regard to the residents emotional wellbeing and behaviours of concern, with support plans to guide staff. A reduction in incidents following reviews of medicines was evident, and there was also evidence that incidents were reviewed, to ensure that the clinical guidance, including the use of medicines, were implemented appropriately and safely for the residents. However, it was apparent that the level of disruption, noise and duration of some of the incidents occurring did impact negatively on the residents who live together in the house. Some resident's behaviours were clearly related to noise and disruption, and the need for a quieter environment, and were difficult to manage in this communal setting despite the best efforts of the staff.

Some positive changes had been made to the use of restrictive practices in the centre. The inspector observed that a number were implemented only for very short periods, when absolutely necessary. Nonetheless, improvements were still required in this area despite the need for safety and security. One significant restriction (a locked door to a bedroom and living room) which prevented access to the communal areas, including the bathrooms and kitchen, had been in place for a number of years. The Rights Committee (the body which oversees the use of restrictive practices) previously suggested trials reducing this, so as to improve the quality of the residents life. This had recently commenced. However, close monitoring of this process, and the residents response to this was advised by the specialists. This was not occurring in practice. This could prevent any meaningful review or removal of this restriction for the resident.

From speaking with staff and reviewing three residents' records, the inspector found that not all of the residents had their full care and support needs adequately assessed. This resulted in a somewhat limited and curtailed daily life, with no meaningful goals, social experience for some residents. The most frequent planned activity for one resident was seen to be a drive, often with little or no purpose. This could not be explained entirely by the impact of COVID-19. Other residents had

varied access to the community, with one accessing day services and other activities, where they did arts and crafts, literacy and life skills. The residents' care was frequently reviewed by the multidisciplinary teams, but the quality of the reviews and support plans differed, as to how comprehensive they were. These findings impact on the residents having the opportunity for the best and most meaningful life. The inspector acknowledges that the provider is attempting to implement changes in this regard with more robust oversight of the individual residents support plans being undertaken

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

There were systems, policies and procedures in place to protect the residents from abuse and respond to any concerns of this nature which arose. Safeguarding plans were implemented when this was required and reporting requirements were adhered to.

Risk management systems were satisfactory with individual risk assessments in place for each resident. Environmental and health and safety review were undertaken, with evidence of learning and review from events. The residents were also protected by the fire safety management systems in place, with suitable containment areas and systems for alerting and management of fires. All fire management equipment was serviced and monitored as required. Staff also undertook regular fire evacuation drills with the residents, who all had suitable personal evacuation plans in place which identified their individual vulnerabilities.

The provider had implemented systems to prevent and control the spread of infections and this had been revised to account for the COVID-19 pandemic. The systems the provider had put in place had worked effectively in this centre. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff and staff were observed served to be adhering to these procedures. Due to its location on the campus, the centre is vulnerable to this infection, with some crossover of locum staff inevitable. However, this had been managed to successfully contain the spread of infection, with precautionary measures, when a concern occurred.

These systems were being monitored and the policy had recently been revised. The provider had sought guidance from the relevant agencies to support the service in managing this as safely as possible. As some residents would be unable to self-isolate, a dedicated isolation unit in a registered centre was identified. At the time of the inspection all residents and staff were being tested for the virus and plans were being made for the vaccinations to protect the residents and allow their lives, visits and family contacts to be resumed.

Regulation 10: Communication

The residents had communication plans in place which assisted staff and residents in making their needs and preferences known .

Judgment: Compliant

Regulation 17: Premises

The premises was suitable for purpose, warm and spacious and easily accessible.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were satisfactory with individual risks assessments in place for each resident and environment and health and safety reviews undertaken. There was also evidence of learning and review from events.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had implemented systems to prevent and control the spread of infections and this had been revised to account for the COVID-19 pandemic. This had been utilised to successfully contain the situation when it arose.

Judgment: Compliant

Regulation 28: Fire precautions

All of the necessary fire safety measures were implemented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that not all of the residents had their full care and support needs adequately assessed. This resulted in a somewhat limited and curtailed daily life, notwithstanding the complexity of needs, with no meaningful goals, social experiences based on the own interests or preferences. This was not a consistent finding however. Given the nature and number of incidents which occurred in the centre, and the different presenting needs of the residents, the inspector was not assured that these individual needs could be met in the current environment.

Judgment: Not compliant

Regulation 6: Health care

The residents had good access to healthcare supports and medical reviews, with detailed healthcare support plans implemented.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good access to clinical supports and review in regard to behaviours of concern. However, the use of restrictive practices required further review, so that all such interventions have a clear and justifiable rationale and are carefully monitored, so as to be in accordance with the national guidance and not harmful to the residents life.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems, policies and procedures in place to protect residents from abuse and respond to any concerns of this nature which arose. Safeguarding plans were implemented when required and reporting requirements were adhered to.

Judgment: Compliant

Regulation 9: Residents' rights

It was apparent that the level of disruption, noise and duration of some of the incidents which occurred in the centre, coupled with the restrictions placed on them by the communal environment, impact on the residents who live together in the house and their right to a peaceful life in their home.

Judgment: Not 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 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Evergreen Lodge OSV-0005723

Inspection ID: MON-0032024

Date of inspection: 02/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>.The Service Provider has in place a suitably qualified PIC and PPIM, with clear lines of management responsibility.</p> <p>The Service Provider has in place a suite of service audits which are reviewed monthly by the PPIM and senior management team.</p> <p>The PPIM conducts unannounced inspections of the service on a 6 monthly and Annual basis.</p> <p>The PPIM and PIC actively self-identify areas of quality improvement and as a result the service has a quality improvement plan in place.</p> <p>The Service provider has recently reviewed its process for recording and monitoring restrictive practices, this will be fully implemented by the 30.04.2021.</p> <p>The service provider is conducting a compatibility review of all residents within Evergreen Lodge to identify any additional supports and /or measures which can be implemented to meet each resident's needs and to ensure residents rights are not infringed upon.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>As noted above The Service provider has recently reviewed its process for recording and monitoring restrictive practices, this will be fully implemented by the 30.04.2021.</p> <p>Quarterly submissions will include all relevant details for each restrictive practice when next submitted – April 2021.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: As part of the overall improvement plan for Evergreen Lodge, each resident's individual support plan will be reviewed, this will include a review of all resident's care and support need and personal goals.</p> <p>In reviewing the individual support plans each resident's compatibility and individual risk assessments will be reviewed.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Service provider has recently reviewed its process for recording and monitoring restrictive practices, this will be fully implemented by the 30.04.2021.</p> <p>This will ensure the rational and monitoring of each restrictive practice is in line with best practice and regulation.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The measures of: Overall review of Evergreen Lodge residents, individual support needs. A Quality Improvement Plan is in place for the service. An improved restrictive practice review process as detailed above A review of service user compatibility as noted above. Will ensure that each resident's rights are respected.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/05/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical,	Substantially Compliant	Yellow	30/04/2021

	chemical or environmental restraint was used.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	28/05/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/05/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/04/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	28/05/2021

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
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