

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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|---|---|
| Centre name: | A designated centre for people with disabilities operated by Redwood Extended Care Facility |
| Centre ID: | OSV-0002437 |
| Centre county: | Co. Dublin |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Redwood Extended Care Facility |
| Provider Nominee: | Diarmuid O'Reilly |
| Lead inspector: | Ciara McShane |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 0 |
| Number of vacancies on the date of inspection: | 7 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 January 2016 09:30 To: 15 January 2016 14:30

The table below sets out the outcomes that were inspected against on this inspection.

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| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 02: Communication |
| Outcome 03: Family and personal relationships and links with the community |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 10. General Welfare and Development |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 15: Absence of the person in charge |
| Outcome 16: Use of Resources |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

This inspection was completed in response to the Providers application to register the centre for seven residents. The inspection was announced and was completed over one day. The person in charge and the provider nominee were present and available throughout the inspection.

The centre was located near a town centre with access to public transport nearby. It had capacity for seven residents. At the time of the inspection the premises was vacant as the residents, who had previously been identified, prepared to move in. The centre had recently been refurbished and additional fire equipment had been put in place to ensure safe procedures were in place.

Staff would also be transitioning with the residents to the new centre ensuring continuity of care. The staff, for the most part, had mandatory training. Two staff required centre specific fire training and plans had been put in place to ensure this occurred.

The premises was homely and spacious. Residents would be given the option of decorating the rooms to reflect their own personality and preferences. This was evident from a review of their transition plans which had been completed to support them with the pending move.

Further findings are outlined in the body of the report with two actions identified at the action plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were proposed policies and procedures in place to ensure residents' rights and dignity was respected and that they were consulted with in the running of the centre.

The inspector reviewed the centre specific complaints policy which clearly outlined the steps staff should follow to support residents' make a complaint. There was also an easy to read version so that residents' themselves could understand the process. Although there were no residents living at the centre at the time of inspecting, the complaints procedure was displayed as too was a picture and contact details for the complaints officer. The person in charge had been identified as the complaints officer. The person in charge had also arranged a complaints log folder which was held in the staff office.

Each potential resident at the centre had their own bedroom, each of which had an ensuite. At the time of inspection blinds were not fitted to the windows however, they had been ordered and were awaiting arrival prior to the residents moving in. Some of the bedroom windows, due to their location, were tinted to ensure extra privacy. The centre was spacious and afforded residents the opportunity to be by themselves should they wish. There was also a visitors' room where residents could meet with friends and family in private. There was a visitors' policy in place with no restrictions placed on visits once it did not negatively impact on the residents.

The person in charge had proposed plans that residents would meet each week to discuss the running of the centre and what their plans were for said week. The person in charge told the inspector about the agenda which outlined items such as outings, menu, rights and complaints in addition to other areas.

Arrangements were in place to link residents with an advocate if required, there was also accessible information regarding this maintained at the centre.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had a communications policy dated May 2015. The person in charge was familiar with this and a copy was available in the centre for the staff to review.

The person in charge stated that none of the proposed residents had communication deficits. Should deficits arise a speech and language therapist was employed with the provider and available on a referral basis. There was also a section outlined in residents' personal plans where their communication needs would be detailed.

The inspector found there was information available to residents in accessible format such as the complaints procedure and information relating to advocacy. The residents' guide was also laid out in an easy to read version. There were sufficient pictures used to assist residents in understanding the contents. The person in charge had plans to put all accessible information in a folder for residents so that it was easily accessible at one point.

The centre was equipped with phone lines and internet access. Should residents wish to purchase newspapers or magazines there were newsagents nearby.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were proposed plans in place to ensure residents family and personal relationships were maintained once they moved in to the centre. There was also a plan to maintain links with their local community.

Six of the seven proposed residents have previously lived with each other and lived in the same community, where their new centre will be, for some time. The person in charge stated that they will maintain the links that have been established to date. For example, the proposed resident group have a familiarity with the coffee shops, restaurants and shops in their community. The person in charge stated that they would know the staff working at local amenities and they in return would know them. There was a footpath from the centre to the village nearby which was safe and would assist residents to maintain their links with the community. The centre will also have access to their own vehicle and nearby public transport which will support access to the wider community.

In relation to maintaining relationships with family and friends the centre has invited friends and family members of residents choosing to an open day so residents can introduce them to their new home. The visitors room, as outlined in Outcome 1, will also facilitate residents in meeting with friends and families.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place for admitting residents, including transfers, discharges and the temporary absence of residents.

The inspector reviewed the transition plans for the proposed new residents and found it

was in line with the centres' policies and procedures. Each proposed new resident had a transition plan which identified the specific plan for each individual resident including a timeline of events and actions that were to take place. These were clearly outlined on a calendar for each resident. From a review of the transition plans, the inspector found that transition meetings were held and minutes of same were maintained. The inspector reviewed the minutes from a meeting that occurred 10 December 2015 and was attended by senior occupation therapist, the person in charge, a clinical nurse manager, an occupational therapist, a links coordinator and a clinical psychologist. In addition subcommittee meetings were held as to where one to one meetings with the resident and a staff member to discuss the planned move. Each of the six residents had a list of actions which required completion prior to their move including items they wished to purchase, what colour paint they would like for their bedroom and when the date they were visiting the centre. Family, where the residents were happy to do so, were linked with regarding the moves and as outline in Outcome 3 were invited to attend an open day.

The inspector reviewed a proposed contract of care that the residents would sign. The inspector found that the agreement set out the services to be provided, for example, multidisciplinary support where required. Additional charges, including chiropody and complimentary therapies, were outlined in an additional schedule at the back of the contract. The person in charge stated that each resident would be given a copy of their contract of care on admission to the centre for them to review, with their representatives if required, and sign.

Judgment:
Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the proposed personal plan that would be completed for each resident no later than 28 days after admission. Each proposed resident, was at the time of the inspection, being supported by the provider in other designated centres. Each

resident therefore already had an assessment carried out to reflect their health, personal and social care and support needs. These would then be updated to reflect their needs in the new centre.

The inspector reviewed the proposed personal plan and found that it outlined the circle of support important to residents, their communication needs activities they had a preference for, keeping the resident safe, personal care and hygiene, eating and drinking. It also outlined information pertaining to their daily plan and their longer-term goals. It was proposed that residents would be supported by their key-workers to identify their goals and these would be recorded. There was also a proposed plan that care plans are maintained. Potential care needs such as dietician related, physiotherapy related and nursing assessments were also maintained within the residents' folder. The person in charge was able to relay some of the residents' needs and had commenced putting additional supports in place to assist them. For example, one resident had a visual impairment and an agent, from an external support service, was linking in with the person in charge regarding the needs of said resident.

The person in charge was aware of their responsibility to maintain personal plans under the regulations and was also aware of the need to review and update personal plans where necessary. For example, to update residents' personal plan as a result of a change in needs. The centre also had access to a multidisciplinary team who could be engage with where required. The person in charge also proposed plans to complete formal annual review of residents' personal plans with involvement from residents.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

Findings:

The centre was situated near a village and within further walking distance was a larger town. The centre was near to public transport and had an adequate footpath that residents could safely use to access nearby vicinities such as shops, coffee shops, bars and restaurants.

The centre itself was set back from a main road. It consisted of six bedrooms, each

equipped with an ensuite, four of which were wet rooms and were wheelchair accessible. There were two large sitting rooms, an activities room and a visitors' room. The centre also had a large dining room and a large kitchen area. There was a utility room off the kitchen which housed a large tumble dryer and washing machine for residents to avail off. There was access from both the dining room and one of the lounge rooms to a spacious back garden. The back garden was equipped with a gazebo should residents wish to smoke. The centre also had a separate bathroom equipped with a bath should residents prefer this to a shower. There were also two storage rooms in the centre and a staff room. Within the centre there was also a separate apartment that could accommodate one resident. The apartment had a bedroom with an ensuite, a separate living room, an additional bathroom and a domestic kitchen which was also equipped with seating. The centre had very recently been painted and fixtures and fittings had been ordered and awaiting arrival. Residents were also going to choose how they wanted to decorate their bedrooms prior to moving in.

A number of the ensuites and bathrooms were equipped with grab rails should the needs of the residents change and due to the vastness of the centre it was adequate to meet the needs of those with mobility difficulties.

Two areas for improvement were identified on the day of inspection. On arrival to the centre the inspector noted a very large fence, painted green; it was large in both length and height. It looked obtrusive and had previously been installed to meet the needs of residents at a different time. The provider nominee and person in charge confirmed they also found it to be unnecessary for the proposed resident group. The second area for improvement was the large reception desk that greeted you on entering the front door. It was reflective of a desk you may see at a doctors' surgery or a hotel and was not homely or welcoming on arrival. The provider nominee made a commitment that both items would be removed.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place for health and safety and risk management.

There were policies and procedures in place for risk management and emergency planning. There was a major emergency plan, dated 23 December 2015, outlined in the

health and safety policy. It detailed what measures staff should take should they require guidance or assistance for example, in the event of a gas leak or a natural disaster. The person in charge was aware of the location of the gas shut off valve as outlined in the emergency plan. There was also an emergency box, red in colour, which would be located at the front door. The emergency box included information pertaining to staff details, residents' next of kin and personal information sheet in the event that a resident goes missing. The inspector reviewed a site specific risk register which outlined potential risks such as obsconsion and aggression and violence. Additional risk assessments had also been completed for potential risks relating to fire and medication administration amongst others. Detail risks assessments were reviewed by the inspector which outlined the risk description, the impact, vulnerabilities, existing control measures, additional control measures, personal responsible for the action and the due date. The person in charge told the inspector individual risk assessments would be completed for each resident once they moved to the centre. The risk management process was supported by a site specific risk management policy dated 1 January 2016. The inspector found the risk management policy was in compliance with the regulations and outlined the measures and actions in place to control risks such as aggression and violence and self harm.

There was an up to date centre specific safety statement maintained at the centre. It was developed December 2015 and highlighted areas such as safety management to include manual handling and electrical safety. It also outlined hazard identification and risk assessments in addition to communication and consultation.

The inspector found, at the time of inspection, systems in place to manage fire. The centre was equipped with fire extinguishers, emergency lighting, fire blankets and sufficient emergency exits which were accessible and clear. The centre as divided into six zones and was monitored by a fire panel. A servicing contract had been awarded to a company to oversee the appropriate quarterly, six monthly and annual reviews. The proposed staff had up-to-date fire training with the exception of two who were booked in for 26 January 2016. The person in charge had compiled a folder of safety alerts which had previously been circulated by the Authority in addition to any regulatory notices pertaining to health and safety. This was reviewed by the inspector.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found there was a policy on, and procedures in place for, the prevention, detection and response to abuse. The policy for safeguarding vulnerable adults was developed April 2015 and outlined the role of the designated liaison person for abuse locally as the person in charge.

The inspector spoke with the person in charge regarding the proposed resident group. The person in charge stated there were no requirements for the use of restraint at the time of inspection however, one resident would require a positive behaviour support plan. All proposed staff that would work at the centre had training in professional management of aggression and violence (PMAV). In addition all new staff would receive training in positive behaviour support training as part of their induction. For those staff that had already been inducted the provider nominee stated they would also receive the training.

The person in charge provided assurance on how residents would be kept safe. They stated the proposed staff team and their local community both remained the same which would provide assurances for the residents. Security measures were in place in terms of access to the centre in addition to staff being on duty twenty four hours a day. Any abuse or allegations of abuse would be investigated in line with the centres policy and where necessary appropriate stakeholders notified. The person in charge was aware of her obligations under the Health Care Act 2007 as amended to report any actual or allegation of abuse. The person in charge was also familiar with the national safeguarding policy.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was assured the provider nominee and the person in charge were aware of their responsibilities, under the Health Act 2007 as amended, to inform the Authority

of incidents. At the time of inspection all relevant notifications had been submitted to the authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:

The person in charge told the inspector there were plans for the proposed residents to continue with their training and placements once the transition was completed.

The centre also had a policy, developed June 2014, regarding access to education, training and development.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charged had proposed systems in place to ensure the healthcare needs of residents were assessed, reviewed and met.

As outlined in outcome 5, the centre had developed a personal plan template that would be populated for each resident. This allowed for residents assessed care needs to be

evaluated in addition to the implementation of a plan of care.

The inspector was assured that the proposed residents would have sufficient and timely access to healthcare professionals. For example the proposed residents would remain with their general practitioner and would continue linking with the multidisciplinary support provided by the provider where required. The person in charge who was full time at the centre was also a registered nurse specialising in intellectual disability.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were written operational policies relating to ordering, prescribing, storing and administration of medicines to residents. The proposed processes for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation.

The proposed staff working at the centre were all trained in the safe administration of medication.

There was a medication trolley for the safe storage of medication which was located in the staff room. The staff room was kept locked at all times as too was the medication trolley. A fridge for storing medications was also observed in the staff room along with a thermometer to record temperatures. The proposed temperature log was also attached to the fridge.

The person in charge had made links with a local supplier regarding the supply of medication in blister pack form. The pharmacist had also committed to completing regular audits in addition to audits that would be completed by the person in charge. The inspector reviewed the proposed template to audit medication.

The centre had a proposed system in place to record medication errors. The person in charge was familiar with this process and told the inspector where necessary medication errors may be escalated.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose, reviewed December 2015, detailed the proposed service it intended to provide and was found to be in compliance with the requirements of the Regulations as outlined in Schedule 1.

The statement of purpose consisted of the aims, objectives and ethos of the designated centre. There was also a statement in relation to facilities and service provided and the manner in which care is provided reflecting the needs of the proposed resident group.

The person in charge and the provider nominee were aware of their responsibility to keep the document under review at a minimum annually.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found there were proposed systems in place to govern and manage the centre which were robust and in line with their statement of purpose.

There was a robust organisational structure in place which identified clear lines of responsibility and authority. The person in charge reported to an assistant director of nursing who in turn reported to the general manager of services. The person in charge had oversight for a team of proposed health care assistants that would be based at the designated centre.

The provider was aware of their responsibility to complete an annual review of the quality and safety of care in addition to six monthly unannounced visits. There was a proposed audit schedule in place to ensure oversight and accountability. The proposed audits included areas such as medication management, incidents and accidents, complaints and personal plans.

The person in charge planned to hold regular staff meetings every eight weeks with a proposal in place that daily handovers would also occur. There was an on-call system in place that the staff team would be availing off once the centre was occupied.

The person in charge was full time and suitably qualified to oversee her role and responsibilities. She was familiar of the Health Act 2007 as amended and her responsibilities outlined within. She was also well informed of the local policies and procedures in addition to being familiar of the needs of the proposed residents.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider nominee and the person in charge were aware of their responsibility to notify the Authority of any planned or unplanned absence of the person in charge as outlined in the Regulations.

There were plans in place for persons participating in management to oversee the centre, in the absence of the person in charge, should the need arise

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
From conversations with the provider nominee and the person in charge, in addition to a review of the proposed roster, the inspector was assured resources would be available for residents to achieve their individual personal plans.

The inspector also found the facilities and services reflected the statement of purpose. Transport was also available to the centre.

Judgment:
Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A proposed roster had been developed which was reviewed by the inspector. It was proposed that two staff would be on duty for to meet the needs of six residents with two staff on duty to meet the needs of one resident. The aforementioned staff will be on duty twenty four hours a day seven days a week. The person in charge was also rostered to work fulltime at the centre Monday to Friday. The person in charge told the

inspector the role of the staff was to support the residents with meeting their assessed needs, assisting them with outings and daily task such as meal preparation, All of the proposed residents were independent with most activities of daily living.

The person in charge had direct supervisory responsibilities for the healthcare assistant and intended to hold formal supervision every eight weeks with the staff members. There was also a proposal to ensure staff had an annual review with a six monthly review.

The inspector reviewed the training records for the proposed staff and found that all staff had the mandatory training with the exception of two staff who required centre specific fire training but were due to receive this 23 January 2016.

All staff working at the centre also had Garda Vetting.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the Schedule 5 policies and procedures for the centre all of which were in compliance with the requirement of the Regulation's.

Records as outlined in Schedule 4 were also available at the centre. These included, but not limited to, a residents' guide and the statement of purpose in addition to the proposed roster. There was also a logbook in place to record incidents and accidents in addition to complaints. A record of staff training was also reviewed and the person in charge had proposed templates to log fire drills.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Redwood Extended Care Facility |
| Centre ID: | OSV-0002437 |
| Date of Inspection: | 15 January 2016 |
| Date of response: | 05 February 2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre was equipped with a large obtrusive gate and reception desk, neither of which were homely and reflective of the centres' statement of purpose.

1. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

of residents.

Please state the actions you have taken or are planning to take:

The Front Desk was removed on the 29/01/16

The Gates at the front of the building will be removed on or before the 29/02/16

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Two staff required centre specific fire training.

2. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

The two staff members received their fire training on the 26/01/16, some other staffs fire training had expired prior to the report being published, they too have had theirs renewed on the 02/02/16

Proposed Timescale: 02/02/2016