



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

Issued by the Chief Inspector

Name of designated centre:	Ferndale
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0002430
Fieldwork ID:	MON-0042677

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 8 February 2024	10:00hrs to 15:45hrs	Julie Pryce	Lead
Thursday 8 February 2024	10:00hrs to 15:45hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This inspection was conducted following the receipt of unsolicited information submitted to HIQA, and as such was focused on the issues raised in the submission. The main areas of review on this inspection were safeguarding, risk management and oversight and monitoring of the care and support offered to residents.

On arrival at the designated centre the inspectors found that residents were going about their morning routines in their preferred ways. Some people were preparing for outings, and some were enjoying a leisurely start to the day.

Following the introductory meeting, the inspectors conducted a 'walk-around' of the designated centre, and met some of the residents. Some residents chose not to meet the inspectors, and others chose only to have a very brief interaction with them. Therefore the inspectors made discreet observations, and reviewed the documentation relating to the care and support offered to residents including their person-centred plans, the notes of meetings with residents and the daily notes relating to the care and support offered to residents on a regular basis.

The designated centre had various communal areas including a living room, a dining room and a smaller activity room which included sensory items such as lighting and music. Each resident had their own bedroom, and some of the residents showed their rooms to the inspectors. Individual rooms were decorated according to the residents' preferences, and their personal items were evident. People had belongings relating to their hobbies, and had photographs and pictures of their choice.

One of the residents had a chat with the inspectors, and remembered one of the inspector's from a previous occasion. They said that they were happy with their life in the centre, and described various improvements that had been made during their time living there. They said that they got on well with other residents, and had particular friends amongst them, some of them they said were the same as family members.

They said that they were happy that the staff team was more constant than it had previously been, and said that there was 'no more coming and going'. This was consistent with the findings of the inspectors following a review of the staff rosters.

Another resident who had a brief chat with the inspectors spoke about some favourite activities and mentioned by name the people who supported them with their hobbies. They showed the inspectors their bedroom, and were clearly very proud and happy about some of their personal belongings.

The inspectors observed that all interactions between the staff team were respectful and caring, and that staff demonstrated a good knowledge of the ways in which each resident communicated, and were well aware of their individual ways of

spending their time.

The person in charge and the staff members spoke about supporting and upholding the rights of residents. All staff had all been in receipt of training in human rights, and described various ways in which they supported the rights of residents to make their own decisions. One staff member spoke about a particular resident's choices in the purchased they made, and about their right to make this decision even if the staff didn't agree with their choices. They also spoke about unwise decisions made by some residents in relation to healthy options, and described their role in ensuring that residents were informed, but that they then supported the decisions that each individual resident made.

Overall the inspectors found that residents were supported to have a meaningful life and to be offered a high standard of care and support. A recent incident had been well managed and scrutinised in detail to ensure that appropriate actions had been taken, and that any learning from the incident was documented and disseminated.

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

Capacity and capability

There was a clearly defined management structure, and the provider had made arrangements to ensure that key management and leadership roles were appropriately filled.

Required improvements identified in the previous inspection had all been completed, and in particular significant improvements had been made in ensuring a consistent staff team, so that, other than an increase in the staffing compliment, the staff team had remained stable since the previous inspection.

Supervision and support for staff was appropriate and consistent, and the person in charge was supported by team leaders and staff nurses on a daily basis. There was also a regular presence from the persons participating in management to support the person in charge and staff team.

Any accidents and incidents were appropriately reported and recorded, and actions taken to prevent recurrence of incidents and mitigate any identified risks were documented and monitored.

There was sufficient evidence presented to the inspectors during this inspection to demonstrate that the service is well run and there was robust oversight and monitoring of the service.

Regulation 14: Persons in charge

The person in charge was formally interviewed by the inspectors during the course of this inspection and was found to be appropriately qualified and experienced for the role. The person in charge responded to all questions appropriately and professionally, and demonstrated their competence to be in charge of the designated centre in relation to the oversight of staff, the care and support offered to residents and the daily management of the designated centre.

In addition they demonstrated an appropriate and proportionate response to any incidents of concern, and showed leadership of the staff team in regard to any improvements that were required to ensure the safety and well-being of residents and the wider community.

Judgment: Compliant

Regulation 15: Staffing

There were staff numbers and skills mix to meet the needs of residents both day and night. Improvements had been made since the previous inspection in relation to the consistency of the staff team, and there was now a stable team of staff who were familiar with the residents and known to them. Some residents mentioned particular staff by name, and residents were observed to be interacting with staff in an easy and comfortable manner.

A planned and actual staffing roster was maintained as required by the regulations. A sample of staff files was reviewed and the inspectors found that the all information and documents specified in Schedule 2 of the regulations were in place.

The inspector spoke to several staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents. Staff who had been on duty on the day of a recent incident of concern described their role and the steps they had taken to manage the situation, and the response they described was professional and appropriate.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up-to-date, including training in safeguarding, fire safety and medication management. The person in charge had oversight of the training

needs of staff members via a matrix of training dates.

Regular supervision conversations were held with staff, and an annual schedule was in place. Records were maintained of each of these discussions, and records indicated that the discussions were meaningful two way conversations in which issues such as staff responsibilities, areas for improvement and individual resident's needs were discussed. Any agreed actions were monitored at subsequent meetings. Staff said that they found these conversations to be useful and supportive, and said that both their strengths and areas for professional development were discussed.

There was appropriate daily supervision, both by the person in charge and by an identified shift leader or registered nurse each day, and the persons participating in management were a regular presence in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. There were various systems of communication between staff and the person in charge, and also with the senior management team with transparency of information being evident.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. The preparation of this review had included eliciting the views of residents via questionnaires. The review included the findings of the six-monthly visits, and included an action plan in relation to quality improvement. The annual review was consistent with the findings of this inspection.

There was a schedule of audits in place which had been regularly conducted, including audits of the premises, individual resident assessments, fire safety and risk management. Any required actions from these audits resulted in a plan to address the issue with an identified completion date.

Regular staff meetings were held, and a record was kept of the discussion. Items on the agenda for the meetings included staff responsibilities, and goal setting for residents. Any required actions arising from these meetings were reviewed at subsequent meetings. Attendance at the meetings was recorded. There was a schedule in place for monthly meetings for the forthcoming year.

The inspectors found good practice in relation to any accidents and incidents. Reporting and recording was in accordance with the organisation's policy and were detailed and included any required actions and any learning identified following each incident.

A recent incident of concern had been well managed, the details of the incident were clearly documented together with the actions taken at the time of the incident, all of which were found by the inspectors to be appropriate and proportionate. The documentation also included additional control measures to ensure the safety of residents and others. The review of the documentation and the discussions held by the inspectors with the person in charge and the staff members indicated that the person in charge had managed the situation appropriately, and had given clear support and oversight to staff members both at the time of the incident and during the actions taken following it.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Detailed assessments of potential residents were undertaken prior to admission to the designated centre. The assessment for some of the current residents indicated that their care and support needs would be better met in this designated centre than in their previous placement. A review of the documentation relating to such moves indicated that these correlated to the preferences of residents, and that their right to have a choice about where they preferred to live was respected.

Where residents had recently moved to this designated centre, there were detailed transition plans which had been implemented to ensure a smooth transition. Residents had been on visits and had met the other people in their new home prior to any move being finalised. All the information in relation to their support needs and their compatibility with others was detailed and readily available to all staff. All staff engaged by the inspectors were familiar with this information.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA within the required timeframes. The inspectors reviewed the accident and incident reports for the year prior to the inspection, and found that all those notifiable incidents had resulted in the appropriate submissions to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clearly defined complaints procedure that was readily available to residents and their families and friends. The inspectors reviewed complaints received over the year prior to the inspection and found that they had been well managed and responded to appropriately.

For example, following a complaint that had been received, an independent advocate had been engaged by the provider, and actions taken to resolve the complaint had been clearly recorded to the satisfaction of the complainant.

A verbal complaint received had resulted in a meeting with the family of the resident, who had been offered the opportunity to make a formal written complaint. A clear record of the meeting with family members had been documented, and the complaint had then been closed.

It was clear that residents and their families and friends were welcome to make complaints, and that these were taken seriously and acted on where appropriate.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. The residents was observed to be offered care and support in accordance with their assessed needs, and to have a good relationship with staff members.

There were risk management strategies in place, and all identified risks had effective management plans in place. There was an appropriate response to any incidents of concern, and multiple actions were taken to reduce the likelihood of recurrence, and to mitigate any associated risks.

The rights of the residents were well supported, and there were various examples of residents being supported in positive risk taking, and in making their own decisions in various aspects of their daily lives. Residents were involved in many varied activities both in their home and in the community.

Inspectors reviewed process in place regarding safe medication management procedures and found that for the most part safe processes were in place however, improvements were required in relation to dispensing as required (PRN) medication.

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Individual risk assessments and risk management plans were in place for each resident, and included the risk of absconding, refusal of personal care, safety awareness and the risk of a resident engaging in property damage.

A recent incident involving one of the resident's had been well managed, and a detailed risk assessment and management plan had been put in place which updated and provided further guidance to the existing plan which had been based on the assessed needs of the resident prior to admission to the designated centre. Various additional control measures had been put in place, including the appropriate management of activities for the resident. A thorough assessment of the activities in the community had been undertaken. The inspectors reviewed the control measures which were clearly documented, and found them to be proportionate to the identified risk whilst also supporting the right of the resident to engage in their preferred activities.

All staff engaged by the inspectors were familiar with the incident, and spoke with confidence about the control measures in place to manage the identified risk.

There was good oversight of all identified risks in the designated centre by the person in charge, and a system of escalation of risks to the senior management team if required.

Judgment: Compliant

Regulation 8: Protection

Staff were all in receipt of training in relation to the protection of vulnerable adults from abuse, and discussed the learning from this training with the inspectors. There were no current safeguarding issues, but where there had been concerns previously a detailed safeguarding plan had been put in place, and the implementation of this plan had been effective.

The person in charge had recently developed an easy read document in relation to safety for residents and had discussed it with residents both in a group format, and individually where residents chose not to engage in group discussions.

Judgment: Compliant

Regulation 9: Residents' rights

Consultation with residents was managed by both regular residents' meeting and by individual discussions with residents. While the notes maintained of residents meetings were repetitive and therefore not meaningful, it was apparent that individual discussions with residents were more meaningful, and that their views and preferences were acted on. One of the residents told the inspectors that they were offered opportunities for activities of their choice, and that they enjoyed these activities.

Another resident spoke to the inspector about their preferences for items for their room, and on discussion with the staff and person in charge, there were valid reasons for some of their preferences having been found to be unsuitable in terms of their personal safety. However, for the most-part residents' rooms were individual and personalised, and their personal items were evident.

An incident which had taken place in the months prior to the inspection which involved a resident leaving the centre without the knowledge of staff to engage in a chosen activity in a local business had been thoroughly reviewed, and there were plans in place to support the resident to enjoy this type of outing with staff support.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the storage and stock control of medications, and for the most part in relation to the administration of medications. Staff were appropriately trained and demonstrated good practice in the administration of daily medicines. They presented a detailed knowledge of the every-day medications for each resident.

All staff had received training in the safe administration of medications, and additional training in relation to particular medications prescribed for some residents. This training involved both theory and practical aspects, and involved competency assessments.

However, not all staff could identify the purpose of some of the PRN medications prescribed for residents, and while administration of these medications had not been needed for several months prior to the inspection, a knowledge of all prescribed medications that might require staff to administer them is required. When questioned by the inspectors, when some staff did not know the purpose of these medications, they were unable to locate the protocol which contained the required information.

Furthermore, one of the protocols identified the requirement for a dose of a PRN medication to be handed over to the family of the resident on the occasion of a visit to the family home, and on the most recent occasion this had not been done.

In addition, a review of the behaviour support plans for some residents did not

clearly identify the circumstances under which a PRN medication should be administered. The behaviour support plan referred to the medication protocol, and the medication protocol referred to the behaviour support plan, but neither document outlined the guidance to staff as to the exact circumstances under which the administration of medication should be considered. The inspectors were therefore concerned that administration might not be appropriate, or that medication might be omitted when required.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

Compliance Plan for Ferndale OSV-0002430

Inspection ID: MON-0042677

Date of inspection: 08/02/2024

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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The person in charge will ensure that all staff members trained and competent in administering medication possess comprehensive knowledge of all prescribed medications, including PRN medications, for each resident. • Following practical classroom training in medication management, all staff members at the centre will undergo medication competency assessments, consisting of both knowledge-based and practical assessments, completed by the staff nurse before they are authorized to administer medication. • The medication competency workbook, along with the online competency tool, will be reviewed to ensure it comprehensively assesses staff knowledge of all prescribed medications, including the rationale for medication use in the centre, including PRN medications. • An annual practical medication competency assessment, along with an annual eLearning medication management module, will be completed. • The person in charge will ensure that all staff are educated to access a reliable online drug reference source, IMF. • The Person in Charge will ensure that all staff in the centre have access to the latest guidance, medication policies, and procedures on medication management. • PRN protocols will be kept in each resident's medication folder and scanned onto the Epic care patient record system. The PIC will ensure that all staff are informed about the location of the PRN protocols within the centre. • The Standard Operating Procedure (SOP) for PRN (PRO re nata) medications is in its final draft stage pending approval from the Senior Management Team. This SOP will incorporate clear guidelines for PRN for home visits. • The existing template for Individualized Psychotropic PRN Protocol protocols has undergone a thorough review and is now in its final draft stage. It will be finalized in alignment with the Positive Behaviour Support guidelines. 	

- The Person in Charge will ensure that the PRN medication is included in the checklist provided to the family when they go for home leave.
- Medication management will be a recurring agenda item at staff meetings.
- A Governance Assessment/Audit Tool for Regulation 29: Medicines and Pharmaceutical Services has been developed and is currently undergoing pilot testing. This tool will provide robust oversight at the Assistant Director of Service or Director of Service level.
- The Behavior Support Team together with Directors of Services and Director of quality and safety have reviewed the inspector's feedback and will review the positive behavior support plans to ensure there is clarity and clear detail and guidelines for staff to follow.
- All residents' PRN protocols will be reviewed by each residents prescribing clinician giving precise guidance on PRN administration.

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	26/05/2024