



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

Issued by the Chief Inspector

Name of designated centre:	The Mews
Name of provider:	Redwood Neurobehavioural Services Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	06 July 2023
Centre ID:	OSV-0008264
Fieldwork ID:	MON-0037555

About the designated centre

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

The designated centre is situated on the organisations/s campus, and is close proximity to the nearest small town. It comprises three individual modular homes, each of which accommodates one resident in receipt of an individualised service. Each modular home has two bedrooms, a bathroom and a living/dining/kitchen area. They each have an enclosed garden area. The centre is staffed over 24hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 6 July 2023	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was the first inspection of this designated centre since residents moved in, and was conducted to ensure on-going compliance with the regulations.

The centre is made up of three modular homes, and one resident lives in each of these homes. They have been developed by the provider to meet the assessed needs of the residents who now live in them. During the course of the inspection the inspector visited each of the homes with the permission of the residents, but due to the personal preferences of residents on the day, only had a conversation with one of them.

On arrival at the centre this resident greeted the inspector warmly, and said that they remembered them from an inspection of their previous home. The resident appeared to be happy and relaxed, and eager to show the inspector round their home. They took the inspector into each of the rooms, and pointed out various items that they were clearly very proud of. They were making comments such as 'this is my sink', 'this is my press' and 'this is my bathroom' in a delighted manner. They also took the inspector out into their garden area to show the plants and flowers that they had planted.

The home was full of personal items of the residents, including items for leisure such as arts and crafts and activity books. It was nicely furnished and of an appropriate size to meet the needs of an individual resident.

All three of the homes were similar, and all were used in the ways the residents. For example one of the residents had used the spare room as a gaming room, and nobody else was allowed into this room. This is where the resident was spending time on the day of the inspection, and chose not to meet the inspector.

It was clear that the rights of the residents in this regard were supported and protected by the staff and person in charge. Staff had begun to undertake training in human rights, and many of them had completed this training. Rights of residents were discussed at staff meetings, and also during individual staff supervision meetings.

The rights of residents were supported in various other ways, for example where a resident had particular anxieties in certain community situations, staff had made contact with the local shop who had agreed to make accommodations for the resident on his visits to there.

There was clear evidence that the quality of life for all three residents had improved significantly since they had moved into these self-contained homes. Each of them preferred to live alone, some of them experiencing anxiety around sharing a home with others, and the move had resulted in positive outcomes for all of them.

Overall the service in this designated centre was effectively managed, and whilst some improvements were required supervision strategies to ensure that residents were safeguarded at all times, overall residents were supported to have a comfortable and meaningful life, to have their needs met.

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 well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, for example the first six-monthly unannounced visit on behalf of the provider had taken place, and required actions identified in this process had been completed. In addition there was a suite of audits undertaken in the centre and overseen by the person in charge.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Regular staff meetings were held, at which various areas of care provision were discussed. There was also a formal handover at each shift change, Staff training was up-to-date, and staff were appropriately supervised.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The skill mix of staff was appropriate to meet the needs of residents. The rostered numbers of staff were sufficient to support residents for the most part, although some review was required in relation to support of residents at night time, as

further discussed under regulation 26. A planned and actual staffing roster was maintained as required by the regulations.

A sample of staff files was reviewed by the inspector, and all the required information was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was either up-to-date or on-going, and where training was not yet complete, staff duties reflected this. For example, where staff had not completed the competency assessments required in the training in the safe administration of medications, they were not assigned to that task.

Staff supervision conversations had been conducted and recorded, and there was a schedule in place to ensure the regularity of these conversations.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The staff team was led by an appropriately skilled and experienced person in charge.

The first six monthly visit on behalf of the provider had been conducted and an action plan had been developed from the findings. These actions were monitored until completion, and all actions reviewed by the inspector had been completed.

There was also a monthly schedule of audits undertaken by the person in charge. These audits also included recommendations or required actions, and again these were monitored until complete.

There was clear oversight of any accidents and incidents. Each was recorded and

included any learning to reduce the likelihood of a recurrence.

Staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents. Communication with the staff team was further supported by a formal handover at each shift change, so that all current information was made available to them.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Quality and safety

Overall the resident were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed.

Behaviours of concern were managed in accordance with the needs of residents, and there was clear guidance for staff.

Both fire safety and infection prevention and control measures were appropriate, and resident's belongings were kept safe.

The premises were suitable to meet the individual needs of residents, and there were improved outcomes for residents since they moved into their individual homes.

Whilst some improvement was required in the management of risk for one of the

residents, it was clear that the rights of residents were supported, and that they were facilitated to have their voices heard.

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents. Each resident had a stand-alone modular type home, in which they were the sole occupant. Each home was used in the manner that the resident chose, and their personal items were evident throughout.

It was clear that the move to these individual homes had significantly improved the quality of life for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place, and all identified risks to residents had a risk assessment and risk management plan in place.

However, there was a significant risk of self-harm for one of the residents. There was a pattern of behaviour going back over several years where the resident engaged in this type of behaviour, and although not frequent in nature, each incident posed a serious risk to the health and wellbeing of the resident.

Since the resident moved to their self-contained home, there had been an incident of this behaviour which had occurred when the resident was unsupervised. There was one-to-one staffing throughout the day for this person, and at night a waking night staff was based in their home. However, if the resident in the nearby home required attention, this member of staff was required to leave and attend to them, and this recent incident had occurred on one of these occasions.

Whilst various measures had been put in place relating to the availability of items which the resident might utilise to harm themselves, the inspector was not satisfied that this risk was mitigated. It was apparent that the opportunistic nature of the recent event meant that staff supervision was required at all times.

Judgment: Not compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained.

An audit of IPC had taken place, and the required self-assessment had been completed. There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease. There was also an individual care plan in place for each resident which provided guidance for staff in the event that the resident should contract and infectious disease. These care plans included guidance relating to all aspects of daily life, including positive behaviour support.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. All equipment had been maintained, and there was a clear record of checks available.

There was a personal evacuation plan in place for each resident, and clear evidence that each resident could be evacuated in a timely manner in the event of an emergency. Staff had all received training in fire safety, and all had been involved in a fire drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a person centred plan in place for each resident, based on detailed assessments of needs. There were care plans for all aspects of daily life, including health care and social care.

The care plans were detailed and evidence based, and provided clear guidance to staff in the delivery of care and support to residents. There were sections on communication and sensory needs, together with support needs including health care.

The inspector noted that where goals had been set with residents, they were not yet broken into steps. However residents had only recently moved into this designated centre, and the person in charge confirmed that this area would be given attention as people settled in.

The personal plans had been made available to residents in an easy read version, and a 'key worker session' was completed each week, which served as a weekly

planner for residents.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there were healthcare plans in place to guide staff, and these plans were detailed and comprehensive.

Residents had access to members of the multi-disciplinary team as appropriate, and records of all assessments and appointments were well maintained.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where the resident required positive behaviour support there was a detailed risk assessment and positive behaviour support plan which provided clear guidance to staff in the management of any behaviours of concern. Any incidents of behaviours of concern were followed up, and reviews included members of the multi-disciplinary team including the occupational therapist and the behaviour specialist.

Where there were restrictive practices in place, there was a clear rationale for their use, and restrictions reviewed by the inspector were clearly in place to ensure the safety of the residents. A clear record was maintained of each occasion that restrictive practices were implemented.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were supported in this designated centre, including the right to live in self-contained apartments rather than in shared accommodation. There was evidence of an improved quality of life for each of the residents since they had made this change to living alone.

Residents were supported to make choices in various aspects of their daily lives, for example in their daily routines, and in their choices of activities.

Consultation with residents took place on an individual basis, and regular meetings were held with each person to discuss items such as fire safety, rights and

restrictions and complaints. It was evident that all efforts were made to ensure that residents were included in decisions about their daily lives, and the running of their homes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' personal possessions were safely managed. A list of each resident's personal items was maintained, and their personal finances were safely managed. An easy read money management consent form was in place for each resident who required support with their finances. Transactions were clearly recorded and countersigned, and access to residents' money was limited to senior staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Compliant

Compliance Plan for The Mews OSV-0008264

Inspection ID: MON-0037555

Date of inspection: 06/07/2023

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 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in Charge and Assistant Director have reviewed all risks in the center. The risk identified by the inspector on the day of inspection in relation to staff supervision of a resident was rectified on the 7th of July 2023.</p> <p>The following control measures have been implemented to reduce the likelihood of an adverse incident occurring.</p> <ul style="list-style-type: none"> • There are appropriate staffing arrangements in place to ensure the resident has staff supervision at all times. This includes contingency staffing arrangements from a collocated home, to ensure that if other residents require support that this will not impact on the supervision of the resident in question. • An environmental audit has been completed to reduce the likelihood of opportunistic access to items that may be used by the resident to engage in self-harm. • These arrangements will be kept under review with the multidisciplinary team and captured within the residents CANDID needs assessment. • Risk management is discussed at monthly governance meetings between the Person in Charge and the Assistant director of Services. <p>Risk Management within the centre is also discussed monthly at the Quality & Risk Management group, which is facilitated by the Director of Quality and Safety.</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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	07/07/2023