



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

## Issued by the Chief Inspector

Name of designated centre:	Evergreen Lodge
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	16 January 2024
Centre ID:	OSV-0005723
Fieldwork ID:	MON-0033200

## About the designated centre

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

Evergreen Lodge provides residential service for up to five adults, male and female over the age of 18 years diagnosed with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours which challenge. The centre comprises a single storey unit based in a campus setting, within walking distance of the nearest village. It can accommodate residents with mobility issues and is fully wheelchair accessible. There are four individual bedrooms plus an additional bedroom with adjacent living room. There is one shared bathroom with WC, one shared shower room with WC, plus one separate WC as well as a staff WC. The centre is staffed by a person in charge, staff nurses and healthcare assistants.

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 January 2024	10:30hrs to 17:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to inform the registration renewal decision.

On arrival at the centre the inspector found that residents were engaged in various activities of their choice, some in the centre and others out with supporting staff members. Not all residents agreed to meet the inspector, and not all had verbal communication skills. The inspector met those residents who agreed to the interaction, and observed others discreetly where possible, and otherwise spoke to staff and the person in charge. Documentation was also reviewed relating to the care and support of residents, and the ways in which residents were supported to make choices and have their rights upheld.

Staff had received training in human rights and assisted decision making, and were able to speak about the ways in which they ensured that the voices of residents were heard, and that their choices and preferences were respected. They described strategies in use to communicate effectively with residents including pictures to offer choices in meals and snacks, and choices of activities.

Residents were involved in various activities of their choice, both in the local community and in their home. Some people enjoyed horse riding, or 'social farming' whereby they learnt farming skills at a local farm. Others preferred to be involved in their own garden at home. Staff explained the way in which each resident's day was planned, and outlined multiple ways in which their interests were supported.

Each resident had their own television, music and mobile phone, and chose their preferred entertainment in their leisure time. Residents were supported to access technology, for example staff assisted them with video calls to families and friends.

There were multiple examples of ways in which information was made available to residents, including easy read information throughout the designated centre. These included areas such as, making choices about meals and snacks, information about medications and accessible versions of person-centred plans for residents. There were communications boards in various areas of the centre

Social stories had been developed which consisted of a series of pictures or photographs to aid understanding. Where consent was sought from residents for various aspects of care and support, social stories had been developed to ensure that this was meaningful,

Residents were regularly consulted with, both individually and through a weekly residents' meeting, which residents attended if they chose. For people who preferred not to attend these meetings, staff members had individual discussions with them following the meetings.

Some residents agreed to show the inspector their rooms, and each room was individualised in accordance with the preferences and hobbies of each person. One resident showed the inspector their curtains which depicted their favourite football team, and pointed out their large television that they were singing along to. This resident was fond of horses and horse riding, and made mention of ponies to the inspector. Later in the day the inspector overheard interactions between staff and the resident, where they were both singing along to the resident's favourite music together.

Another resident's room was also furnished and decorated as they chose, and they pointed out their family photos on the walls of their room. They were keen to show the inspector some toys that they were fond of, and they were seen to be making good use of their tablet.

One of the residents has a self-contained apartment within the designated centre, and chose not to engage with the inspector. It was clear that the resident's wishes in relation to privacy were respected, for example there was a mechanism on the door of their apartment to ensure that other residents could not enter uninvited.

There were two garden areas outside the centre, one of which was a shared space with the unit next door, and one for the sole use of the residents in the designated centre. Some residents were fond of gardening, and there was a trampoline in the garden which was a favourite activity of another.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and there was a good standard of care and support in this designated centre.

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 in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was supported by a shift leader and a registered nurse every day.

There was a competent and consistent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised both formally and on a daily basis..

All required documentation was in place and was regularly reviewed.

### Registration Regulation 5: Application for registration or renewal of registration

All the required documentation was submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre, and in quality improvement of care and support offered to residents.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a registered nurse was on duty each day. The person in charge had the facility to roster additional staff to support outings or social occasions for residents.

A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

A sample of staff files was reviewed and the inspector found that, 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.

Judgment: Compliant

### Regulation 16: Training and staff development

All mandatory training was up-to-date. Additional training including training in

human rights and decision making as also provided. Staff discussed issues that they had learnt in their training, and how they applied the learning to practice.

Regular supervision conversations were held with staff, and there was appropriate daily supervision, both by the person in charge and by either the registered nurse or the identified team lead on duty each day.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

### Regulation 21: Records

All records required by the regulations under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including: personal information the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

### Regulation 22: Insurance

Appropriate up to date insurance arrangements were in place.

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.

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. These processes were clearly documented, and included commentary on the evidence to support the findings. Any required actions were identified, and were monitored until complete. Actions reviewed by the inspector were either complete or were within their required timeframe.

This review included an overview of each resident, and examined all areas of the operation of the designated centre. All efforts had been made to elicit the views of the residents during these processes. Any required actions that had been identified had been addressed and were complete.

There was a schedule of audits in place including audits of person centred plans, staffing and fire safety. A sample of these audits reviewed by the inspector found that they were detailed and again, any required actions were monitored until completed.

Any accidents and incidents were reported and recorded appropriately, monitored by the person in charge and discussed at staff meetings. These staff meetings were held monthly, over two days to ensure the attendance and input of all staff members. Other items discussed at these meetings included fire safety, IPC, safeguarding and restrictive practices.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for each resident which included all the required information. These contracts had been made available to residents in an easy read version, and each had been signed by the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

### Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA, including notifications of any incidents of concern.

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. There were no current complaints.

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. There was an effective personal planning system in place, and the residents were involved in the person centred planning process. Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them. Where residents required positive behaviour support there were plans and risk assessments in place, and staff were familiar with the guidance in them. Any restrictive interventions were kept under constant review, and there was evidence of the removal of restrictions as soon as it was safe to do so. .

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency. There were risk management strategies in place, and all identified risks had effective management plans in place.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines, and a detailed contingency plan was in place

to guide staff in the event of an outbreak of an infectious disease.

The rights of the residents were well supported, and the preferences and choices of residents were discussed and documented, and there was evidence of supports being put in place to ensure that their voices were heard.

### Regulation 17: Premises

The designated centre comprised a campus based unit which was spacious and provided adequate private and communal accommodation. There were various living rooms, and the staff and person in charge had facilitated chill out areas in some of the spacious corridor areas, with comfortable sofas.

Improvements had been made since the previous inspection in many areas of the centre, which was homely and nicely furnished. There was individualised artwork on some of the walls, and there was modern new flooring in some of the communal areas.

Residents had access to garden areas, and some residents enjoyed gardening in these spaces.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident. This guide included all the information required by the regulations.

Judgment: Compliant

### 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. There was a risk assessment and risk management plan for each of the identified risks.

Individual risk assessments included the risk of aggressive behaviour and the risk of a resident refusing to take their medication. There were individual risk assessments in relation to fire safety, and in particular an additional management plan in the

event that a resident refused to evacuate the centre in the event of an emergency.

Judgment: Compliant

### Regulation 27: Protection against infection

The last inspection of this designated centre had been focused on infection prevention and control (IPC), and all the required actions identified during this inspection had been implemented. Additional monitoring systems had been put in place to ensure that the improvements were maintained.

Some of the practices which had been put in place during the COVID-19 pandemic had been continued, such as regular cleaning of high touch areas and a fortnightly deep clean schedule.

There was a contingency plan in place with detailed guidance for staff in the event of an outbreak of an infectious diseases, and there was a risk assessment in place for each resident with additional person-centred guidance.

A thorough and detailed audit of IPC had been undertaken, which included commentary on the evidence found to support the findings of the audit. An action plan was developed from this audit, and any required actions were monitored until complete.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and all staff had been involved in a drill.

There was an up-to-date personal emergency evacuation plan (PEEP) in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. There was an additional fire safety plan for any resident who had been identified at being at risk of refusing to evacuate the building in the event of an emergency.

Staff were all in receipt of fire safety training, including on-site training in the use of emergency equipment, and staff could describe the actions they would take in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on a detailed assessment of need which was reviewed at least annually. This assessment of needs amalgamated information from each resident's admission assessment, and health assessments including any mental health needs, and included information about any requirement for restrictive interventions.

A person-centred plan had been developed with each resident, and person centred planning meetings were held regularly at which goals were set or reviewed with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were recorded regularly. There was an emphasis on gaining and maintaining independence for residents, and on listening to their views. For example, where a resident preferred to have independence in access to a cigarette lighter, a wall-mounted lighter had been sourced for the outside smoking area.

For another resident steps towards independence in self-care had been identified as being meaningful to them, and improvements had meant an increase in opportunities for this resident.

The personal plans also included sections on healthcare and communication, and those reviewed by the inspector were detailed and provided clear guidance to staff.

Judgment: Compliant

### Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were detailed healthcare plans in place, for example in relation to diabetes, eye care and nutritional needs. There was evidence that these care plans were implemented, and the interventions were recorded daily where appropriate.

Residents had access to various members of the multi-disciplinary team (MDT) as required. One of the residents had recently been fitted with a new mobility aid by the occupational therapist, and others had been referred to the speech and language therapist and the dietician.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Proactive strategies were clearly identified, including environmental requirements, communication needs and skills building programmes. All staff were aware of these strategies, and were able to describe the actions that might increase or reduce the likelihood of behaviours of concern.

A review of incidents for two residents in particular, indicated that a consistent implementation of the behaviour support plans had reduced the occurrence of behaviours of concern, and that there had been no recent incidents.

Reactive strategies were clearly documented, and were regularly reviewed, and improvements were on-going. For example a large pieces of padded equipment had been sourced for use in the event of aggressive behaviour with one of the residents, and staff had been trained to use the equipment in an emergency, which meant that the requirement for any physical holds had been significantly reduced.

Where some restrictive practices had been identified as being necessary to ensure the safety of residents, these were well defined and there was detailed guidance in place to ensure that they were applied appropriately, and that they were always the least restrictive required to ensure the safety of residents. They were regularly reviewed, and there was clear evidence of removing any restrictions as soon as possible. Over recent months a locked wardrobe for one resident had been removed, and restricted access to the pantry for another resident had been removed during the day. Various cupboards and presses that had been previously locked were now open.

Residents were all offered easy read information about any restrictive practices, and their consent was sought for each restriction.

Judgment: Compliant

## Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

There were no current safeguarding issues or open safeguarding plans, however the person in charge was aware of his responsibility in relation to the protection of vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to make choices in all aspects of their daily lives, and to be involved in decisions which would affect them. Where consent for some interventions could not be obtained from a resident, there was clear communication about the intervention to assist understanding, and a detailed capacity assessment had been conducted by an appropriately qualified healthcare professional.

There were multiple examples for all residents where their choices and decisions were respected and supported, including in activities and in skills building.

Staff had received training in human rights, and all staff engaged by the inspector discussed the importance of supporting the rights of residents, and spoke about the ways in which they ensured clarity of communication.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant