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**Avalon, OSV-0002433, 04 December 2019**

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

## Issued by the Chief Inspector

Name of designated centre:	Avalon
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 December 2019
Centre ID:	OSV-0002433
Fieldwork ID:	MON-0024325

## About the designated centre

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

The centre provides residential services to adults 18 years and over, who present with a diagnosis of intellectual disability, autism or acquired brain injury. This centre can accommodate a total of five residents. It is fully wheelchair accessible and each resident has their own bedroom. The centre consists of a kitchen, utility and separate dining room. Furthermore, there are four communal living areas available to residents. The centre also has two bathrooms and two wc's available. There is also a communal garden available to residents. The centre is located a short drive from a village in Meath. The centre is staffed by a person in charge, nurses and direct support workers.

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

Number of residents on the date of inspection:	5
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
04 December 2019	10:50hrs to 18:00hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

The inspectors judgments in relation to the views of the people who use the service, relied upon speaking and meeting with residents, observing residents and reviewing documentation. During the inspection, the inspector met with five residents living in the centre. The inspector engaged with residents in line with their assessed needs and spoke with one resident for an extended period of time.

The inspector observed that residents were comfortable in their home and with staff. They appeared to know staff well and had a good rapport with them. The atmosphere within the centre was relaxed and residents were supported appropriately throughout the day. The inspector observed that residents were engaging in community activities of their choice.

A resident did raise some concerns with the inspector during the inspection. These concerns related to some care and support arrangements that were in place. The provider was aware of the residents concerns and was working with the resident to address them .

## Capacity and capability

The registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs and wishes.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. Monthly governance meetings were held by the Head of Extended Care Residential Services and the person in charge, these meetings identified areas requiring improvement. The provider ensured that time bounded action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement, which promoted quality outcomes for residents.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who lived in the centre. Staff were supported and supervised to carry out their duties to protect and

promote the care and welfare of residents. The inspector observed staff interacting in a very positive way with residents. Furthermore, the inspector spoke with a number of staff and found them to be genuinely interested and knowledgeable about residents needs.

The provider had ensured that staff had the skills and training to provide support for the residents. Training such as safeguarding vulnerable adults, medication, epilepsy, fire prevention and manual handling was provided to staff, which improved outcomes for residents. The inspector also reviewed a sample of staff supervision records and found them to be of high quality.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Staff discussed the complaints process with residents regularly, during residents meetings. Residents told the inspector they understood the complaints procedure and were confident that if they raised a concern, it would be managed appropriately. Staff were also familiar with the policy and could explain to the inspector how they would manage any complaints received.

On review of the centres notifications and other documentation, it was evident that not all quarterly notifications had been notified to the Office of the Chief Inspector. The provider had not ensured that all restrictive practices implement within the centre were notified as required.

### Regulation 15: Staffing

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service

provision.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all residents and displayed prominently. Complaints were well-managed and brought about changes when required.

Judgment: Compliant

### Regulation 31: Notification of incidents

Not all quarterly notifications had been submitted to the Office of the Chief inspector as required by the regulations.

Judgment: Not compliant

## Quality and safety

Overall residents received a good quality and safe service within the designated centre. There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, improvements were required in the adherence to intimate care plans and the management of medicines.

Overall the practice relating to the management of medicines required review. The inspector observed some out of date emergency medicines inappropriately stored in the medicine storage trolley. Furthermore, a PRN protocol relating to an as required emergency medicine was not consistent with the Kardex on file. Lastly, the inspector observed some poor record keeping practices, relating to medicine administration. Overall, these practises required review as they had the potential to adversely impact the quality of care received by residents.

The design and layout of the premises ensured that each resident living in the centre could enjoy living in an accessible, safe and comfortable environment. Each resident had their own bedroom and their was sufficient bathrooms to meet the needs of residents. There was ample communal living space and this promoted

independence, recreation and supported residents to have a good quality of life.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. Where appropriate, residents were supported to access the national screening service. This resulted in residents being supported to achieve their optimal health.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres policy. The provider had a robust recruitment, selection, training and supervision process in place for all staff. This ensured staff were knowledgeable about their role in safeguarding residents and that they understood the systems that were in place. However, not all residents' intimate care plans were being adhered to and this led to some inconsistent staff practice. This had the potential to adversely impact residents' dignity and required review.

Residents that spoke to the inspector were aware of their rights and were supported to exercise them. Residents were supported to access advocacy as required. Advocacy was regularly discussed with residents during resident meetings and advocates were regularly welcomed into the centre to meet with residents.

There was appropriate equipment and systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

The provider had put systems in place to promote the safety and welfare of the residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. Any incidents that did occur were reviewed for learning and where appropriate additional control measures were put in place to reduce risk.

### Regulation 17: Premises

The premises meets the needs of all residents and the design and layout promotes residents' safety, dignity, independence and wellbeing.

Judgment: Compliant

### Regulation 26: Risk management procedures

Arrangements were in place for identifying, recording, investigating and learning from serious incidents involving residents.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering; receipt; prescribing; storing; disposal and administration of medication was not appropriate.

There were some out-of-date emergency medicines stored in the medicine cabinet. Some PRN medicine protocols did not correspond with Kardexs and the practice relating to the dispensing and signing of the medication administration record sheet required improvement.

Judgment: Not compliant

### Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that residents' personal plan.

Judgment: Compliant

### Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident is harmed or suffers abuse.

However, protective measures outlined in a residents intimate care plan were not

adhered to in practice.
Judgment: Not compliant
<b>Regulation 9: Residents' rights</b>
Residents were consulted and participated in how the centre was planned and run. Residents had access to advocacy services and information about their rights.
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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Avalon OSV-0002433

Inspection ID: MON-0024325

Date of inspection: 04/12/2019

## 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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All restrictions will be returned in line with the regulations on quarterly basis.</p>	
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> <p>The expiry dates on all medication is checked on a monthly basis prior to ordering new supplies.</p> <p>All medication protocols have been reviewed to ensure that they match the medication kardex.</p> <p>Medication competency review completed with relevant staff members.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All intimate care plans have been reviewed to reflect individuals' choices.</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 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	15/01/2020
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Not Compliant	Orange	15/01/2020

	storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2020
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in	Not Compliant	Orange	08/01/2020

	line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			
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