



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

Issued by the Chief Inspector

Name of designated centre:	Orchard Vale Apartments
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	21 November 2023
Centre ID:	OSV-0005513
Fieldwork ID:	MON-0032903

About the designated centre

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

Orchard Vale apartments provides a residential service for a maximum of five adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties. The centre comprises two buildings. The first is a detached single storey building, which contains three individual style one bedroom apartments interconnected via a hallway. Each apartment has its own kitchen/living area, bedroom and en-suite bathroom. This building also contains a staff office. The second building is a single storey, two bedroom dwelling. It has a communal bathroom, staff office and a large kitchen/living area. The centre is staffed by direct support workers with each shift being overseen by a team leader. The centre is located in a rural congregated setting, a short drive from a town in Co.Meath.

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
Tuesday 21 November 2023	10:30hrs to 18:15hrs	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 help inform the decision to renew the registration of the designated centre.

On arrival at the designated centre the inspector found that residents were engaged in various activities, some of them beginning their morning routine, and others already out and about. One of the residents had gone out with a staff member to a nearby facility to engage in a hobby of great interest to them.

Each resident in this designated centre had their own self-contained living apartment in the day of the inspection, as only one resident was living in the shared apartment at the time of the inspection. Not all residents were willing to meet with the inspector, and each had their own preferences as the timing of their day. The inspector therefore spent time with two of the residents later in the day and began the inspection in the office of the centre, and gathered information about residents by observation, review of documentation and discussions with staff, the person in charge and the person participating in management.

Each resident did, however, give permission for the inspector to visit their living areas. The layout of the centre was appropriate to meet the needs of residents, and each had their own personal spaces. Some improvements were required in personalising the living area for some people, as discussed later in this report.

One of the residents who agree to receive the inspector in their apartment was making a smoothie in the kitchen, and showed the inspector round the apartment. There were various items relating to the interests of the resident, stored as they preferred. The resident was keen to talk about their hobbies and interests rather than discuss their life in the centre, although they did say that they felt safe in their bedroom. There was clearly and easy and relaxed relationship with the staff who were supporting them.

A resident who returned home from an activity agree to meet the inspector, and greeted them with a fist bump. The resident spoke about their hobby and had just returned from an activity, they could be seen to glance a staff for encouragement and support during this conversation. This resident then engaged in a desk top activity, and clearly responded well to praise and encouragement from staff, who understood their form of communicating when they had enough of the activity and conversation.

All staff who spoke to the inspector were knowledgeable about the needs of residents and the ways in which they needed support. There were some clear examples of improvements in outcomes for residents due to the implementation of personal planning for residents.

Staff had received training in human rights, and spoke about multiple ways in which residents were supported to make their own choices, and to have information presented to them in a way that they could understand.

There were various aids to communication available throughout the centre, including social stories and accessible versions of information and the staff and person in charge were observed to communicate effectively with residents.

Residents were engaged in multiple activities, either in their homes or in the community in accordance with their needs and preferences, and there was an emphasis on ensuring a meaningful life for residents.

Some improvements were required as discussed in more detail later in this report, in the areas of personal finances, personalisation of rooms and some areas of record keeping, but overall residents were supported to have a good quality of life.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed.

There was knowledgeable and caring staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version. There were no current complaints, but there was a clearly defined process of responding to any issues that might be raised.

All the records required by the regulations to be maintained in the designated centre were in place.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, including two to one staffing for some residents.

A planned and actual staffing roster was maintained as required by the regulations. Any shortfalls in the staffing numbers were managed by an internal relief panel so that the staff were known to the residents.

A sample of staff files was reviewed by the inspector and found to contain all the

required information.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and to be supporting residents to make their own decisions.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was up to date, and included training in human rights.

Formal staff supervisions had taken place regularly, and there was a schedule in place to ensure continuity.

Staff were observed to have their personal phones on them during the course of the inspection, and multiple alerts and ring tones were heard during times when their focus was required to be on the resident they were supporting. The organisation has a policy on the use of personal phones which indicates that they were not to be on the person of the staff member while they were on duty with residents, however, this policy was not in the centre, and was therefore not available to staff members. Supervision was required to ensure that this practice is discontinued.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

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

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to

healthcare, and a record of any belongings of the residents.

All required 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.

All records or documents that were required to be available in the centre were in place.

Judgment: Compliant

Regulation 22: Insurance

Appropriate 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. Both of these process identified required actions and expected timeframes, and these required actions were monitored until complete. A sample of the required actions was reviewed by the inspector and were found to have been completed or to be within their timeframe. There were various audits undertaken in the centre and any required actions were identified.

Any accidents and incidents were reported and recorded appropriately, and were escalated to both the management team and members of the multi-disciplinary team (MDT) as required.

Monthly staff meetings were held at which the running of the centre was discussed, together with resident updates and a review of any accidents and incidents, and the learning from these.

A system of detailed staff handover between shifts was in place, and any new information remained on the handover document until all staff had been on duty and made aware of any updates.

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 had been signed either by the resident or by their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which included all the information required by the regulations, and described the service offered to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA.

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

Overall residents were supported to have a comfortable and meaningful life, and to have their needs met and their choices respected. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively managed, although records of implementation of healthcare were not always complete.

The management of the personal finances of one of the residents was not appropriate, and did not support their right to have control of their own finances and possessions.

There was a detailed personal planning system which included detailed information about the support needs of residents in all aspects of daily life, including the management of any behaviours of concern.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, although some improvements were required to ensure consistency of documentation.

Risk management appropriate, and all identified risks had been mitigated through detailed risk management plans.

The premises were appropriate to meet the needs of residents, although some improvements were required to ensure a homely environment

Regulation 12: Personal possessions

Residents had a range of personal possessions, and a clear record of their personal items was maintained and regularly updated.

Personal spending money held by each resident in the designated centre was well managed and monitored locally and there were consistent checks in place. Two staff members checked the amount of money held by each resident twice a day, and any purchases were accurately recorded. There was an entry for each purchase that was signed by two staff members, and a receipt was available. A reducing balance was maintained following each purchase.

However, one of the residents did not have a bank account, and did not have access to their income. The resident had previously lived in a service operated by another provider, and their disability allowance was paid directly to this provider and not to the resident. This practice remained in place, and a cheque was sent to the resident for their personal spending. Even this practice was not consistent, and an email was presented to the inspector that had been sent by the person in charge to the other provider, to say that the resident required further funds, to which there had been no response.

A further email was presented which had been sent by the resident's social worker to the other provider on 15 September 2023 to highlight that the resident had no

access to their money, but no response had been received. In the interim, the inspector was assured that the provider had ensured that the resident has sufficient money to meet their needs until the cheque would be forthcoming.

This system did not support the requirement of the regulations that each resident has access to and retains control of personal property and possessions, or the requirement that the registered provider shall not pay money belonging to any resident into an account held in a financial institution unless consent had been obtained, or that the account is in the name of the resident to which the money belongs.

Judgment: Not 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 risk management policy in place which included all the requirements of the regulations. Risk assessments and management plans were in place for all identified risks in the designated centre. There was particular emphasis on managing risks that were individual to each resident.

A risk register was available to ensure oversight of risks, and a monthly meeting of a quality management team had oversight of risks in the centre.

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. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that all residents could be evacuated in a timely manner in the event of an emergency, and there was a

detailed personal evacuation plan in place (PEEP) for each person which had been regularly reviewed, however not all the relevant information was included. There was some information in the risk assessment and management plan for a resident which was not included in the PEEP, and there was a lack of clarity around some of the instructions for staff response to an emergency situation.

Staff had all received training in fire safety, and there was a record maintained in order to monitor that all staff were regularly involved in fire drills, to include both daytime and night-time drills. Staff could describe the steps they would take in the event of an emergency.

However, staff who discussed fire safety with the resident could describe the actions they would take in an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident based on a detailed assessment of needs. A sample of these care plans was reviewed by the inspector. The healthcare plans were very detailed and clearly outlined the steps that staff were required to take to ensure optimal health for residents.

There were sections in the care plans relating to individual needs of residents, for example in relation to coping skills for one of the residents. There were sections on communication and on mental health and wellbeing as required.

There was a person centred plan in place for each resident, and goals for achievement had been set with some of the residents. Some residents were still undergoing the assessment part of their person centred plan. Where there were goals in place, small steps towards achieving their goals were recorded.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed for the most part, and residents had good access to members of the multi-disciplinary team (MDT). There was a timely response to any changing healthcare needs, and care plans around healthcare were detailed and appropriate.

However, improvements were required in the documentation of the implementation of healthcare plans. Where a resident needed to have their fluid intake recorded and monitored, while there were records of drinks taken, there was no total of the intake

at the end of each day to ensure effective monitoring.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support there detailed behaviour support plans in sufficient detail as to guide staff in any required interventions. The plans were based on a comprehensive assessment of needs and the plans were regularly reviewed by members of the MDT including the behaviour support specialist.

There was evidence that behaviour support plans had been implemented, and that there were improved outcomes for residents as a result.

The behaviour support specialist had indicated in the behaviour support plan that social stories should be developed to aid communication for one of the residents, and this had been implemented by the staff team.

Where restrictive interventions were required to ensure the safety of residents, there was a log maintained which included the associated rationale for each. An easy read version of each restriction had been made available to residents to ensure understanding and to support discussions.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had received training in human rights, and could discuss the importance of supporting choices and ensuring a good quality of life for residents. Residents were supported to make choices in their daily activities, as well as being supported with personal development to ensure that opportunities were open to them, for example in the management of behaviours of concern.

Some residents were supported to have a very homely living space, and to have all their personal items arranged as they chose. However, some of the personal living spaces of residents lacked a homely feel, and were fairly sparse and clinical in nature. Although there were some difficulties relating to the behaviour of residents in maintaining soft furnishings or personal items, it was not clear that all options had been explored. In addition the inspector observe some areas of the apartments and gardens that were not cleaned to a high standard and required attention. Most of these issues were attended to during the course of the inspection.

There multiple activities on-going for residents, and overall they were supported to

have a meaningful life and to have their voices heard.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Orchard Vale Apartments OSV-0005513

Inspection ID: MON-0032903

Date of inspection: 21/11/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Regulation 16: Training and staff development Substantially Compliant</p> <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff have revised the staff handbook on the guidance of the use of personal mobile phones in the work place . • Supervision is complete with each staff member in line with the Talbot groups policy on staff supervision. This is completed quarterly with all staff. • Established Governance arrangements are in place to ensure that management systems are in place in the designated centre to ensure that the service provided by staff is safe, appropriate to resident’ needs, consistent and effectively monitored. • The PIC is in a full-time supernumerary position Monday to Friday and is supported by Two Team leads who are rostered 8am to 20.00pm daily. This allows for effective daily governance and management of staff. 	
Regulation 12: Personal possessions	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Regulation 12: Personal possessions Not Compliant</p> <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • A review of all residents’ financial arrangements has taken place. • The Person in charge shall ensure that each residence is supported to have access to their own money. • Where residents do not have access to their income, the Talbot group will engage with the HSE to support them obtain it. • Where legally permissible residents will be supported to open their own bank accounts. The Talbot Group will engage with financial institutions to support residents with their will and preference. • Staff support will be provided to residents who require it to manage their finances. • Compliance with regulation 12 will be assessed during monthly governance meetings, through unannounced visit to the designated centre every six months, and through the annual review of the quality and safety of care and support in the designated centre. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A review of all Peeps has been completed within the centre. This review has ensured that all appropriate support information is included within the plan, to guide staff on how to evacuate each resident safely from the centre in the event of a fire.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A review of all residents health care plans and risk assessments has taken place to ensure appropriate health care plans are in place for each resident based on their</p>	

assessment of need and Annual health check and GP reviews.

- The health care plans and risk assessments will provide clear guidance in practice for all staff
- All health care plans will be subject to regular review and evaluation.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge and the Assistant Director will ensure that the Centre is operated in a way that upholds the rights and preferences of every resident.

- Compliance to the regulations will be assessed during monthly governance meetings, through unannounced visit to the designated centre every six months, and an annual review of the quality and safety of care and support in the designated centre to verify adherence.
- Every resident will receive support to engage in decisions regarding their living space and how it is decorated and maintained in line with their likes.
- A designated key worker will meet with each resident regularly to ensure that they are supported to make choices and maintain control over their daily life.
- All residents will be provided with support and encouragement to actively participate in the functioning of the Centre to the best of their ability. This will be facilitated through weekly residents' meetings and key working sessions.
- All residents will receive assistance in accessing advocacy services and the rights review committee whenever needed. This information will be communicated to the residents during their weekly meetings.

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 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	04/06/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	04/01/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	04/01/2024
Regulation 06(1)	The registered	Substantially	Yellow	04/01/2024

	provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Compliant		
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	04/01/2024
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	04/01/2024