



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

Name of designated centre:	Woodlands
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	12 December 2018
Centre ID:	OSV-0004891
Fieldwork ID:	MON-0025777

About the designated centre

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

Woodlands services consists of one house and provides a residential service to three adults with a primary diagnosis of intellectual disability. On the day of inspection there were two residents living in the centre and there was one vacancy. Residents in this centre are supported to remain at home and are provided with bespoke day services in their centre. The centre is located within walking distance of a large town. The centre is provided with transport, which is wheelchair accessible. A social model of care is provided in this centre and residents are supported by a combination of social care workers and care assistants. Residents are also supported at night by a staff member on a sleep in arrangement at present.

The following information outlines some additional data on this centre.

Current registration end date:	11/06/2020
Number of residents on the date of inspection:	2

How we inspect

To prepare for this inspection the inspector or 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
12 December 2018	10:45hrs to 16:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector met two residents during the inspection. Residents were unable to tell the inspector about the care and support they received at the centre. However, throughout the inspection, residents appeared both relaxed and comfortable with the support they received from staff. The inspector observed that staff ensured that residents received support in-line with their assessed needs and in a timely and dignified manner as described in their personal plans.

Capacity and capability

Governance and management arrangements ensured that residents received a high quality of care and support in accordance with their assessed needs. Care and support provided was individualised to the needs of each resident and practices further ensured that residents were kept safe and protected from harm at the centre.

Staffing arrangements ensured that residents' needs were met in a timely manner and reflected supports as described in their personal plans. Residents were supported by suitably qualified staff and effective arrangements were in place to ensure that staffing levels were under regular review to meet residents' changing needs continuity of care in circumstances such as staff vacancies.

An annual schedule of management audits into all aspects of the centre's operations was completed by the person in charge and provider which ensured that residents received a high quality of care and support with their assessed needs. Where audits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and practices at the centre.

The provider's risk management practices ensured that procedures were in place to effectively respond to adverse incidents which might occur. Accidents and incidents were reviewed by the person in charge, and any identified improvements discussed with staff and incorporated into risk assessments to ensure they met residents' needs and current practice developments.

Staff knowledge was further kept up-to-date through their attendance at regular team meetings facilitated by the person in charge. In addition, the provider had established a schedule of training to ensure that all staff were provided with mandatory training and maintained this training in-line with their policy. The person in charge also completed training needs analysis to ensure that all training needs were reviewed to meet the assessed needs of all residents.

Regulation 14: Persons in charge
The person in charge was suitably qualified, experienced and actively involved in the management of the centre to meet residents' assessed needs.
Judgment: Compliant
Regulation 15: Staffing
Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and as described in their personal plans.
Judgment: Compliant
Regulation 16: Training and staff development
Access to regular and up-to-date training opportunities ensured that staff were suitably knowledgeable and equipped to support residents' assessed needs.
Judgment: Compliant
Regulation 19: Directory of residents
There was a directory of residents which included the required information relating to each resident who lived in the centre.
Judgment: Compliant
Regulation 21: Records
The provider had ensured that all records required under the regulations were well

maintained.

Judgment: Compliant

Regulation 23: Governance and management

There were governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was a clear management structure, and there were systems in place, such as audits and management meetings, to ensure that the service provided to residents was safe and as described in the statement of purpose. Six-monthly audits were carried out by representatives of the provider, and an annual review, which included the views of residents and their representatives, had been completed.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector found that written agreements for the provision of services were in place on the day of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector found that the provider had maintained and made available a copy of the current statement of purpose. An accessible version was also provided for residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge maintained an accurate record of all notification which were submitted to the chief inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints in the centre.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed that residents appeared happy and comfortable with the care and support they received. Support was provided to residents by suitably qualified staff in a timely and dignified manner which reflected their assessed needs.

The centre's premises was well maintained and decorated throughout. The design and layout also ensured that it was fully accessible to all residents. The premises was bright and colourful and reflected the interests of residents. Residents' bedrooms were spacious and decorated to individuals taste.

Residents accessed a range of activities both at the house and in the local community which reflected their assessed needs and interests. Staff told the inspector that residents enjoyed sensory activities, going to the local cinema and attending community activities.

The provider ensured that residents were kept safe at the centre and arrangements were in place such as a safe fire evacuation plan and appropriate fire fighting equipment. Staff were regularly involved in fire drills and were knowledgeable on how to evacuate residents safely in the event of an emergency.

Residents' personal plans were comprehensive in nature and updated when required to reflect assessed needs. Regular review arrangements were completed as scheduled and this also ensured that staff practices were consistent with agreed support interventions in areas such as health care and medication needs.

Regulation 12: Personal possessions

Residents were supported to manage their financial affairs and appropriate storage facilities was available for resident's personal belongings.

Judgment: Compliant

Regulation 17: Premises

The designated centre appeared to be a pleasant place to live and was comfortably furnished and decorated throughout. Each resident had their own bedroom which was of a good size and large storage was available for residents' personal possessions .

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was an informative residents' guide that met the requirements of the regulations. This was made available in an accessible easy-to-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge ensured that risks in the centre were appropriately controlled and all identified risks had a management plan in place which monitored these risks on an on-going basis.

Judgment: Compliant

Regulation 27: Protection against infection

The provider's policies and staff practices ensured that residents were protected from the risk of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans were comprehensive in nature and the person in charge had effective arrangements in place to ensure they reflected residents' current needs and agreed support interventions.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required and supports provided were subject to regular review and reflected current health care professionals' recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents at the centre received support with the management of behaviours that challenge. The provider had arrangements which ensured that all staff were trained in this area.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols and staff access to regular training to ensure their knowledge was in-line with current practice developments.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 21: Records	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	Compliant
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 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant