



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

## Issued by the Chief Inspector

Name of designated centre:	Wood View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	29 October 2020
Centre ID:	OSV-0001789
Fieldwork ID:	MON-0030666

## About the designated centre

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

Wood View provides a residential service to four residents who have a mild to moderate intellectual disability. The service can also accommodate residents who have autism and who attend the services of a mental health team. The centre is a two storey building which is located on the outskirts of a medium sized town where public transport links such as trains, buses and taxis are available. The residents also have transport available which is used to access their day service and local community. Each resident has their own bedroom and there is also sufficient kitchen and dining facilities in place. A social model of care is delivered in the centre and residents are supported at all times by a combination of social care workers and social care assistants. There is also a sleep in arrangement to support residents during night-time hours.

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

Number of residents on the date of inspection:	4
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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 - 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
Thursday 29 October 2020	10:30hrs to 15:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with the residents who lived in this centre. Those who spoke with the inspector said that they were very happy living there. Some residents did not speak with the inspector, but appeared to be relaxed and comfortable in their environment, with staff and with each other. During the inspection residents were involved in activities that they appeared to be enjoying.

## Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre.

The service was subject to ongoing monitoring and review, to ensure that a high standard of care, support and safety was being provided to residents who lived at the centre. Unannounced audits were being carried twice each year on behalf of the provider. Audit findings had been addressed or were in the process of being completed. Ongoing audits of the centre's practices, such as health and safety and medication audits, were also being carried out by the person in charge and staff. Records showed a high levels of compliance in all audits. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

There were sufficient numbers of staff employed in the centre to support the needs of residents. Staffing levels were in line with the staffing rosters which indicated both planned and actual staffing arrangements. The provider had ensured that staff were suitably trained and competent to carry out their roles. The person in charge had carried out a training needs analysis to identify training needs within the staff group. Staff had received training relevant to their work, such as training in medication management, first aid and data protection, in addition to mandatory training. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date.

## Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were being updated as required to reflect actual arrangements.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training, in addition to other training relevant to their roles.

Judgment: Compliant

## Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A range of policies and procedures were available to guide staff. A sample of policies viewed during the inspection were up to date.

Judgment: Compliant

## Quality and safety

Residents living at the centre received care and support, which allowed them to enjoy activities and lifestyles of their choice and to receive a good level of healthcare.

Annual meetings between residents, their families and staff took place, at which residents' support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these could be met. These plans were being reviewed as necessary to ensure that they continued to reflect residents' changing needs. However, while most of the information relating to residents' support was well documented, a small amount of this information was not stated in sufficient detail to guide practice and presented a risk that care might not be delivered consistently, particularly if there was a change of staff.

There was evidence that residents were normally out and about in the community and were involved in activities that they enjoyed, such as community outings, day services, family contact and entertainment events. A home-based service was being provided to meet residents' needs during the COVID-19 pandemic. Activities that residents were involved in included social farming, beach activities, taking exercise outdoors, art projects in the centre, and housekeeping tasks such as baking.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Further healthcare checks and reviews were also arranged. For example residents attended annual dental and optical checks and chiropody as required.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to manage and reduce risk in the centre. These included risk identification and control, a health and safety statement and a risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression, self harm and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID-19. Fire safety was not reviewed in full during this inspection although emergency evacuation procedures were examined and improvement was required to the control measures for the evacuation of residents in the event of an emergency. While personal emergency evacuation plans had been developed for each resident, the sample viewed required additional information to guide practice in the event of an emergency.

There were measures in place to ensure that residents' rights were being upheld. It was evident that residents were involved in the running of the centre and how they

lived their lives. Monthly meetings were held in the centre at which a range of topics were discussed. Some of the topics discussed at these meetings had included coronavirus and its associated restrictions, residents' satisfaction with the service to inform the annual review, the complaints process, holiday plans, social events and outings, food choices and shopping plans. Residents also discussed activities that they wished to do during lockdown such as a garden planting project. Residents' civil and religious preferences were being supported and also their financial rights. Residents also had rights to have visitors in the centre and interventions had been introduced to ensure that residents could keep in contact with families and friends while adhering to COVID-19 safety requirements.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

### Regulation 11: Visits

There was evidence that traditionally residents could receive visitors in accordance with their own wishes and were supported to meet with, and visit, family and friends in other places. However, due to COVID-19 restrictions these arrangements had been reviewed and contact with families was being achieved in line with national guidance.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place to manage risk in the centre, including risks associated with COVID-19.

Judgment: Compliant

### Regulation 27: Protection against infection

There were measures in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were in place, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant



## Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. Overall, a good level of personal planning had been developed for each resident and there was a wide range of information recorded. However, a small amount of information viewed was not recorded in sufficient detail.

Judgment: Substantially compliant

## Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately. This included measures to protect residents from COVID-19.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that residents had freedom to exercise choice and control in their daily lives.

Judgment: Compliant

## Regulation 28: Fire precautions

Some interventions to manage emergency evacuation required improvement. Guidance for the evacuation of residents from the centre in the event of an emergency was not sufficiently clear to guide practice.

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 - 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 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Wood View Residential Service OSV-0001789

Inspection ID: MON-0030666

Date of inspection: 29/10/2020

## 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 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            The Person in Charge will review Individual assessments and person plans providing extra information to have sufficient detail to guide practice particularly in instances of commencement of new staff.</p> <p>These will be reviewed regularly or as needs change.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            The Person in Charge will review individuals Personal Emergency Evacuation Plans adding additional information for the evacuation of residents from the center in the event of of emergency to ensure it clearly guides practice in the event of an emergency.</p> <p>This will be reviewed regularly or as needs change.</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 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	20/11/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	20/11/2020