

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

Issued by the Chief Inspector

Name of designated centre:	Windrock
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	25 November 2021
Centre ID:	OSV-0003433
Fieldwork ID:	MON-0026677

About the designated centre

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

Windrock - Ard Aoibhinn Services provides respite care for up to 4 adults at a time, both male and female with an intellectual disability, autism, physical and medical support needs and challenging behaviours. The service is open for up to six days each week and residents can avail of all or a number of days as they wish. Staffing and support arrangements will be flexible to the needs of the residents at time. The staff team consists of nursing staff, social care workers and support workers. Residents also have access to support from behavioural therapy within the service. Admissions are agreed via the HSE regional admission panel. The centre is located in a rural setting and is a single story building with surrounding gardens.

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 (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 25 November 2021	09:30hrs to 15:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection in a designated centre for adults which provided a respite service to adults with an intellectual disability. The inspector had the opportunity to meet with four respite service users attending respite on the day of inspection. Service users used verbal methods to communicate their thoughts. The inspector had the opportunity to speak with service users and the staff supporting them and review documentation which recorded some aspects of the care and support provided.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene.

The building was a large bungalow with surrounding front and back gardens. The inspector observed the premises was visibly clean and warm on arrival. Service users all had individual rooms during their respite stays and sometimes expressed their preferences regarding rooms they wished to stay in during their respite stay. Choices were facilitated when possible. Personalised name cards and pictures were then hung in the room during the residents stay. A full inventory list was completed by the resident or their family member, prior to their respite stay. This was then checked by staff on arrival and was a measure to promote the safety of residents possessions during their stay. .

Service users and their family often referred to their respite stays as a holiday and residents appeared to be supported to engage in a number of person centred activities during their respite stays. On the morning of the inspection, the inspector observed some residents heading out in the service vehicle. Another residents was enjoying playing computer games in the centres activities room. Another service user was heading out on a walk to a local park and was later seen playing a board game with a staff member. Pictures of residents and some of their artwork were observed on the walls around the premises. There were a number of activation resources available to residents within the centre including a keyboard, toys, DVD's, arts and crafts and a computer.

Residents appeared to be regularly consulted regarding their views on the service provided. The complaints procedure was prominently displayed on the wall of the centre. Information packs were made available to residents in their rooms during their respite stays. These included details of complaints procedures. Some residents had completed satisfaction questionnaires prior to the inspection day. These all communicated high levels of satisfaction with the service provided. Some residents commented that their preferred activities during their respite stays included bowling, cinema trips, soccer games, swimming, movies, talking with friends, walks, rugby, beach trips and visiting new places.

A consistent staff team of nurses, social care workers and care staff worked in the centre. Skill mixes and staffing numbers were dependent on the different service users individual needs during each respite stays. Familiar, respectful and positive interactions were observed between staff and residents during the inspection day.

Overall, the inspector found that the service users in this centre were supported to enjoy a good standard of care during their respite stays which was respectful of their choices and abilities. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre. Some improvements were required to ensure effective fire safety measures were in place in the centre.

Capacity and capability

The inspector noted positive inspection findings and high levels of compliance with the regulations reviewed on inspection. This was an announced inspection and the provider had submitted an application to renew registration prior to the inspection day. Service users appeared to enjoy a person centred service during their respite stays. The inspector found that the registered provider therefore demonstrated capacity and capability to provide an effective service to the service users.

There was a clear and comprehensive pre-admission and admission process in place prior to service users availing of respite in the designated centre. Respite was determined on the basis of clear criteria. There were management systems in place to ensure good quality care and support was being delivered to the residents. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs. This person was also supported by a team leader and there was evidence of a regular management presence in the centre.

There was a consistent staff team and there were systems in place for the training and development of all staff. The inspector reviewed a sample of staff training records and found that all of the staff team had up-to-date training, skills and knowledge to support the needs of the respite users. In addition, the inspector found that all staff received formal supervision in line with the provider's policy.

Regulation 15: Staffing

The staff team comprised of nursing staff, social care workers and care workers. Skill mixes and staffing numbers were dependent on the different service users individual needs during each respite stays. There was a staff rota in place which was well maintained and an accurate description of staff on duty. Staff used daily checklists and handover documents to identify the different tasks and duties during every working shift. This included checking fire safety measures, medications, residents finances, and menus. Specific tasks were also identified for staff on night duty.

The inspector reviewed a sample of staff personnel files and found that all items set out in Schedule 2 were in place as required by regulation 15. This included Garda vetting, employer references and qualifications. Staff files were regularly checked and reviewed. New staff working in the service were subject to a set probation period.

Judgment: Compliant

Regulation 16: Training and staff development

The centre had a system in place for staff to complete regular mandatory training and refresher training in line with the assessed needs of the residents. Training was provided in areas including safeguarding, fire safety, first aid, medication management, manual handling, infection control and child protection. The person in charge was regularly reviewing staff training records and scheduling further refresher training when required.

A schedule was in place for regular one to one formal supervision of staff to take place three times per year. These were being completed by the centres person in charge and team leader and recorded in individual staff records.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place and systems were in place for the regular oversight and management of the designated centre. There was a full time person in charge in place who had the skills and experience necessary to manage the designated centre. The person in charge was supported by a full time social care leader in the respite house. The person in charge and social care leader were in regular contact on the days when the person in charge was not present in the

centre. A member of senior management was available on-call outside of normal working hours should staff require management support.

Six monthly unannounced visits and audits were being completed in the centre by a person nominated by the provider. These were identifying areas in need of improvements and actions plans with clear timelines were developed following this. An annual review of the care and support had also been completed for the previous year. Some thematic audits and checks were also regularly completed by staff and the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place and this was found to be an accurate description of the designated centre and the service provided. This document included all items set out in Schedule 1 which included registration details, management and staffing arrangements and the number and age range of individuals using the respite service.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed on the wall of the centre. Information packs were made available to residents in their rooms during their respite stays. These included details of complaints procedures. Residents had meetings with staff at the beginning of their respite stay to discuss topics including menu options and activities for the days ahead.

Some respite users had completed satisfaction questionnaires prior to the inspection day. These all communicated positive experiences in areas including staffing, activities, food, premises and residents rights. One service user communicated that they get offered choices daily and choose themselves what they would like to do. There were no open complaints noted in the centres complaints records on the day of inspection and no complaints communicated with the inspector.

Judgment: Compliant

Quality and safety

Overall, the inspector found that respite users were enjoying a safe service during their stays in Windrock. Management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents in line with their individual needs. The quality of the service provided was regularly reviewed and audited by the management team. The inspector reviewed a number of documents when reviewing the quality and safety of the service provided. This included a review of residents personal plans, behavioural support plans, risk management documentation, fire safety documents and cleaning schedules.

Residents had an individual assessment of need and personal plan in place which was subject to regular review. All residents appeared to enjoy regular individualised activities during their respite stays. There were positive behaviour supports in place to support residents manage their behaviour. There were systems in place for safeguarding residents. Residents were observed to appear comfortable and content in the respite house. All staff had up-to-date training in safeguarding vulnerable persons. There was an organisational designated officer in place to screen any alleged or confirmed safeguarding incidents.

The provider had ensured that systems were in place for the management of risks. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans and risk management plans in place. Infection prevention and control was a focus in the centre and the inspector observed the house was visibly clean and well ventilated on the day of inspection. All staff were seen to be wear face masks in line with current national guidance for residential care facilities. The premises appeared to be a safe and suitable place for service users when they stayed in respite, although some improvements were required to ensure that fire safety systems were effective as detailed under regulation 28.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the respite users and maintained in a suitable state of repair internally and externally. The building was a large bungalow with surrounding front and back gardens. The inspector observed the premises was visibly clean and warm on arrival. Service users all had individual rooms during their respite stays and sometimes expressed their preferences regarding rooms they wished to stay in during their respite stay.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place for the assessment, management and ongoing review of risk in the designated centre. All accidents and incidents in the centre were well recorded. Any follow up actions required following any adverse incidents were promptly addressed by management. Potential risks were identified and mitigated appropriately in the centre. The service had access to vehicles and these appeared to be well maintained and road worthy.

Judgment: Compliant

Regulation 27: Protection against infection

The COVID-19 pandemic was ongoing at the time of inspection and therefore infection prevention and control continued to be a focus in the respite service. Easy read signage was noted around the centre with guidance regarding COVID-19, hand hygiene and mask wearing. Hand hygiene facilities and alcohol gels were noted around the centre. Regular symptom checks were being completed by management. And staff and management had up-to-date knowledge regarding public guidance on the management of suspected or confirmed cases of COVID-19 when spoken with. The centre had a COVID-19 folder available to staff which included a COVID-19 outbreak management plan.

There was a service policy in place for infection prevention and control and this was regularly reviewed and updated. However, at times it was found that policy was not informing practice in the centre. Cleaning procedures for cleaning bodily fluids such as blood or vomit were not clear in the centre. Staff spoken with were unsure of cleaning products to use in such event. Cleaning products detailed in the service policy for these procedures were not readily available on the day of inspection. While some checks and audits had taken place, improvements were required to ensure full management oversight of the infection prevention and control procedures in the centre to ensure they were compliant with National Standards.

Clear cleaning schedules were in place for the cleaning of residents equipment including toys, hoists, wheelchairs, slings and bedding. Schedules were also in place for the cleaning of all aspects of the premises. The environment was visibly very clean on the day of inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place for fire safety in the designated centre. The inspector observed detection systems, emergency lighting, and fire fighting equipment in place. Staff were completing regular fire safety checks and fire fighting equipment

was regularly service by a fire safety specialist. Residents and staff completed regular evacuation drills with every respite group. Drill records demonstrated that all simulated evacuations were completed in an efficient timely manner.

Evacuation procedures were prominently displayed around the centre. Residents did have individual fire safety risk assessments in place, however respite users did not have personal emergency evacuation plans (PEEP's) in place for in the event of a fire. Furthermore, the inspector observed that improvements were required to ensure that containment systems were always safe and effective in the event of a fire. Two fire doors in the centre were not fully closing on the day of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that arrangements were in place to meet the needs of each resident. There was a clear and comprehensive pre-admission and admission process in place prior to service users availing of respite in the designated centre. All respite users had full assessments of need and corresponding personal plans in place.

Residents all had an annual review meeting to discuss their plan of care. These had been facilitated by phone in recent times due to COVID-19. Residents had personalised goals in place and these were reviewed during every respite stay. Residents experienced regular individualised activation during their respite stays.

Judgment: Compliant

Regulation 7: Positive behavioural support

Service users were supported to manage their behaviours when required. Residents had access to a service behavioural therapist who developed personalised behavioural support plans when required. Support plans included preventative and non-restrictive reactive strategies to support residents. All staff had received training in behaviour management and this had been facilitated by a behavioural specialist.

Any restrictive practices were implemented in line with national policy and notified to HIQA on a quarterly basis as required by regulation 31. Rationale for the use of any restrictive practices was clearly evidenced and documented. All uses of restrictive practices were recorded by staff. An action from the previous inspection regarding regulation 7 had been appropriately addressed by the centre.

Judgment: Compliant

Regulation 8: Protection

Service users attending respite were safeguarded by staff and management. Compatibility of service users availing of respite was a focus prior to all respite admissions and safeguarding risks were considered by the person in charge when deciding what mix of residents would stay together in respite. All service users had intimate care plans in place and all staff had received training in the safeguarding and protection of vulnerable adults. A member of management was the designated safeguarding officer and treated any safeguarding concerns in a serious and timely manner.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Windrock OSV-0003433

Inspection ID: MON-0026677

Date of inspection: 25/11/2021

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 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The two fire doors have been serviced by the Master fire and adjustments made as required. Audits checks are currently being carried out weekly on all Fire doors to ensure they are compliant.</p> <p>A Personal Emergency Evacuation Plan (PEEPS) has been developed. This document was introduced in Jan 2022. Each resident will have an individual PEEPS document completed over the next 6 months.</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(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	16/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	25/07/2022