



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

## Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	04 November 2019
Centre ID:	OSV-0004891
Fieldwork ID:	MON-0022582

## About the designated centre

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

In this centre, a full-time residential service is provided to two adults and a part-time residential service is currently provided to a third person. In its stated objectives, the provider strives to provide each resident with "love and respect" and opportunities for "a full and valued life". This is achieved by the service promoting inclusion, independence and personal life satisfaction based on individual needs and requirements. All three residents attend on-site day services. In addition, the day service also provides a day service to a non-resident. This person is an integral and important part of the house's community. Wheelchair accessible transport is available to residents to facilitate their outings and access to community activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet these physical, mobility and sensory needs. The premises itself is a bungalow type residence with all facilities provided at ground floor level. Each resident has their own ensuite bedroom and share communal, dining and kitchen facilities. The house is located in a suburb of a large town and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Ordinarily each resident has one to one support during the day. Night time staffing comprises of a sleep over staff with the addition of a waking staff at times when all three persons are in residence at the house.

**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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
04 November 2019	09:45hrs to 19:00hrs	Margaret O'Regan	Lead

## What residents told us and what inspectors observed

Over the course of the one day inspection, the inspector met with the three residents who live in this house. This is a service which offers support to residents who have complex disability and health care challenges. Residents accessed day services from their home, as part of an integrated package of care. Staff, from both residential and day support, interact and work in a way that ensures a holistic and seamless service is received by residents.

All residents used non verbal signs as their primary means of communication. Each of their one to one workers were seen to be well equipped in understanding each person's non verbal cues. Staff had choices of activities to offer and were seen to engage with residents in a patient and caring way. Staff were seen to assist residents with meals and drinks in a dignified and unhurried manner. Residents were seen to be offered a choice of breakfast cereal by placing the boxes of cereals on the table in front of the resident. While the person choosing could not point or state which they preferred, the staff knew by the vocalisations which cereal the person wanted. There were many other examples of this level of interpreting vocalisations throughout the course of inspection. For example, vocalisations were interpreted as to whether or not the person wanted to go out, if they wanted a cup of coffee; if they wanted to meet with the inspector. The ease at which these communications took place was inspiring.

Residents were seen to gather in the kitchen or the sitting room as they returned following their trip to the shop, to the foot specialist or from a walk out of doors. Residents sat in the kitchen while dinner was being prepared. While residents weren't in a position to actively engage in meal preparation, it was clear they enjoyed watching the preparations, liked the smell of the food cooking and enjoying the company of other residents and staff.

## Capacity and capability

The registered provider had ensured that the residents who lived in this centre were well supported. This was reflected in overall good levels of compliance across the regulations reviewed.

The governance and management arrangements in the centre were effective and had good oversight systems in place. There was a clearly defined reporting structure with a team leader supporting the person in charge with the day to day management of the centre. The provider had ensured that the service was adequately resourced to deliver the care and support as set out in the statement of

purpose.

The information governance arrangements in place were generally good. The secure systems of file management in place promoted a person centered, safe and effective service. However, minor issues arose with staff files. Namely, the absence of photographic identification in one of the staff files examined. Garda Vetting was available for all staff in the sample of files examined; however, some of this vetting was out of date with the organisation's own policy. For example, the policy stated Garda vetting was updated for staff on a three yearly basis, but files examined by the inspector had Garda Vetting outside of this time-line.

Improvements were needed in the area of reviewing and updating policies and procedures. Several of the policies required by the regulations, were not reviewed within the required three year time frame. The provider was aware of the need to update these policies and the inspector was informed this updating was at an advanced stage and nearing completion.

The provider had prepared a statement of purpose, which reflected the service provided. The statement of purpose contained the information required as per Schedule 1 of the regulations.

There was a core team of staff, who were suitably qualified and experienced, to meet the assessed needs of residents. None-the-less, there was also an ongoing challenge in recruiting more staff to facilitate the identified increase in demand for service provision, namely the provision of full time residential care for the resident who was receiving part time residential care at the time of this inspection. The provider was being responsible, by ensuring appropriately trained staff were in place before increasing the level of service. Retaining the required number of trained staff was proving to take longer than initially anticipated. In the interim agency staff were engaged to support the regular cohort of staff. In so far as possible, the same agency staff were employed thus minimising the impact on residents of having staff unfamiliar with their needs. Agency staff were provided with in house training, in addition to training they would be required to complete with their recruitment agency.

Staff had received training in all mandatory areas, for example, fire safety and safeguarding, as well as additional training specific to residents' support needs, such as epilepsy care, sign language and wheelchair clamping. A formalised supervision process for staff was in place and implemented. A review of minutes of team meetings found that staff could highlight issues or concerns through these mechanisms.

The registered provider had facilitated an annual review of the quality and safety of the service, which consulted with residents and their representatives. In addition, the provider carried out six monthly unannounced inspections of the centre and made recommendations for improvement if need be. These reviews generated an action plan which was monitored to ensure implementation.

The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in

all interactions with residents. Each staff member who spoke with the inspector was knowledgeable in relation to their responsibilities and residents' care and support needs. Residents and their representatives were supported to make complaints if required and the provider had a clear policy in place which provided guidance for staff on the process to follow if a complaint was submitted. A complaints log was present within the centre with a record maintained of any complaints. There was documented evidence that all complaints were dealt with in a timely manner.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. While this person was in charge of more than one centre, the inspector was satisfied that she could ensure the effective governance, operational management and administration of the designated centres. The post of person in charge was full-time and the post holder had the required qualifications, skills and experience necessary to manage the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. The provider took cognisance of the need for residents to receive continuity of care and support. For example, every effort was made to minimise the need for agency staff. When agency staff were employed they were individuals who were known to the residents and vice versa.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. In addition staff were facilitated to complete specialised training in areas that were pertinent to providing a high standard of care to residents. A clear staff supervision system was in place to ensure staff were assisted to develop their skills and knowledge.

Judgment: Compliant
<b>Regulation 21: Records</b>
Minor issues arose with staff files. Namely, the absence of photographic identification in one of the staff files examined.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
The residential service had effective leadership, governance and management arrangements in place and clear lines of accountability. The use of available resources were planned and managed to provide a person-centred, effective and safe environment for the three adults living in this homely centre. An annual review and six monthly unannounced inspections were carried out by the provider.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The provider had an up-to-date statement of purpose which reflected the service provided.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of the requirements around informing the chief inspector in writing of adverse incidents occurring in the designated centre. The person in charge ensured that a written report was provided to the chief inspector at the end of each quarter of each calendar year in relation to the use of restrictive practices, any incidents of theft, any injury to a resident, any occasion on which the fire alarm equipment was operated (other than for the purpose of fire practice) or the death of a resident.
Judgment: Compliant



### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the need to notify the chief inspector and had done so in writing, of incidents where the person in charge was absent from the designated centre for a continuous period of 28 days or more.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Where the registered provider had given notice of the absence of the person in charge, the provider also notified the chief inspector of the procedures and arrangements in place for the management of the designated centre during the absence. This included the name, contact details and qualifications of the person who was responsible for the designated centre during the absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure and it included an appeals process. Residents had access to advocacy services and partook in advocacy meetings. A copy of the complaints procedure was displayed in a prominent position in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider prepared in writing the policies and procedures required by the regulations. These policies were available to staff. However, several of the policies had not been reviewed at intervals not exceeding three years. The inspector was advised that the implementation of updated policies was imminent.

Judgment: Not compliant

## Quality and safety

Each resident was provided with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes. For example, one resident with mobility challenges was facilitated in a creative way, by a staff member, to participate in yoga exercises. These exercises were a key element to maintaining the resident's mobility and flexibility. The exercises were carried out by a committed and enthusiastic staff member and the exercises verified as appropriate by a physical therapist.

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. Supports were in place to develop and maintain personal relationships and links with the wider community. For example, residents used local swimming pools, visited local coffee shops, shopped locally. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community. Staff spoke of residents attending nearby cattle marts, an outing that brought much pleasure to the residents involved. On such outings residents had opportunities to meet and engage with persons known to them through their family of origin. Wheelchair facilities were available at many of the venues residents visited. This was an important consideration for planning community activities.

At the time of this inspection, one resident was transitioning from being part-time in residential care to full-time residential care. This was being managed sensitively and within the resources available to the resident. The family were an integral part of this transition and the process was being conducted at a pace that best suited the resident.

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Residents were supported to manage his or her laundry. Residents were provided with support to manage their financial affairs, facilitated to bring their own furniture and furnishings and have their rooms decorated according to their individual taste. One family member had expressed much joy to see their family member's room decorated in a manner that so clearly reflected the individual that this resident was. Staff had played a significant part in the redecoration of this room, indicating the in-depth knowledge and understanding they had for the resident, a resident who could not express themselves verbally.

In so far as reasonable and practicable, the person in charge and staff ensured residents were supported to be involved in purchasing and preparing food. There were adequate provisions for storage of food. Staff ensured that each resident was provided with food and drink which was properly and safely prepared, cooked and served. Meals were wholesome and nutritious and prepared in a well laid out kitchen in the company of residents. Residents were seen to be offered choices and to visit the local butcher for supplies. Residents' individual dietary needs and preferences

were facilitated. For example, some residents required a modified diet. This was facilitated under the guidance of a speech and language therapist.

Staff were trained in supporting persons with swallowing difficulties. Any gaps in this training were identified and the staff member scheduled for training. Records were available to confirm this. Assistance with meals and refreshments was given in an appropriate manner. The inspector noted that meals, refreshments and snacks were all provided at reasonable times and at times that suited the residents.

The entire premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair. It was clean and suitably decorated. The provider had ensured that such equipment and facilities as may be required for use by residents and staff were provided and maintained in good working order. For example, the centre had mechanical lifting and standing mechanisms to assist residents with personal care and with their mobility. Beds had electric mechanisms allowing them to be easily lowered to the ground to minimise risk of injury if a resident had a seizure. Such beds also avoided unnecessary use of bed rails. The provider had made alterations to the premises to ensure it was accessible to all. All door-ways were wheelchair accessible and the shower and toilet facilities were also adapted to suit the needs of wheelchair users. A ramp provided access the front door. The provider had ensured that such equipment and facilities as for use by residents and staff, were maintained in good working order.

The provider and person in charge were constantly looking at ways to improve the quality of life for residents. The house redesign, which had taken place a few years previously, was a big project. Its outcome was a very comfortable and safe home for the three residents and the regular day service attendee. Plans were underway to develop a sensory garden to further enhance this house. The three residents responded to sensory stimuli in a meaningful way. To have a garden, designed in a creative way which maximised the opportunities for positive sensory stimuli was something that staff were excited about. They (the staff) were acutely aware of the pleasure it would be for residents to have such a feature at their home. Much energy was going into seeing this garden development to fruition. Completion of the garden project was expected in 2020.

Risks were identified and managed in a safe and proportionate and considered manner. The ongoing risk around the possibility of staff shortages was to the forefront in the considerations of the person in charge. Measures taken to mitigate against the risk included, the imminent recruitment of two new staff for this centre and the measured approach to providing a full-time residential service for a resident who was in the process of transitioning.

## Regulation 10: Communication

The provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. Residents had access to a

telephone and appropriate media, such as television, radio, computer tablets and Internet. The person in charge ensured that staff were aware of the particular and individual communication supports that each resident required.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their wishes. Residents were free to receive visitors without restriction and suitable communal and private facilities were available. From discussions with the person in charge and with staff, it was clear that families were very involved in each resident's life and that staff actively engaged with families to ensure the best outcome for residents.

Judgment: Compliant

### Regulation 12: Personal possessions

As far as reasonably practicable, each resident had access to and retained control of personal property and possessions. Residents were supported to manage his or her laundry. Where necessary, residents were provided with support to manage their financial affairs. Residents were facilitated to bring their own furniture and furnishings and have the room decorated according to their individual taste.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, residents used local swimming pools, visited local coffee shops, shopped locally. This not only allowed residents to engage in their preferred activities, it also provided for natural integration into their community.

Judgment: Compliant

## Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair. The provider had made alterations to the premises to ensure it was accessible to all.

Judgment: Compliant

## Regulation 18: Food and nutrition

Staff were trained in supporting persons with swallowing difficulties. Meals and refreshments were served in an appropriate manner. The inspector noted that meals, refreshments and snacks were all provided at reasonable times and at times that suited the residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risks were identified and managed in a safe and proportionate and considered manner. The ongoing risk around the possibility of staff shortages was to the forefront in the considerations of the person in charge.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had ensured effective systems for the detection of fire. Fire systems were in place as required and fire equipment was serviced quarterly. Fire evacuation drills took place at least three times a year.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident was carried out. The person in charge ensured that the designated centre was suitable for the purposes of meeting the needs of each resident. For example, equipment was provided to assist with mobility and personal care; each resident had their own spacious ensuite bedroom and the house was designed and laid out to facilitate the ease of wheelchair movements in and around the centre.

Judgment: Compliant

### Regulation 6: Health care

Appropriate health care for each resident was provided. For example, residents were accompanied to specialist appointments, when in hospital staff supported residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided with up to date knowledge and skills, appropriate to their role, to respond to behaviour that was challenging and to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The provider made arrangements for each resident and/or their representative to be assisted and supported to develop the knowledge, awareness, understanding and skills needed for care and protection. Staff worked closely with families around protection and safeguarding issues. Staff had received the appropriate training in this area and records were maintained of such training.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each resident and

their families.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Woodlands OSV-0004891

Inspection ID: MON-0022582

Date of inspection: 04/11/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The file which required photographic identification has been updated and is now in compliance with regulation 21(1)(a). All new employees are required to have complaint HR files prior to commencement of employment.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Written policies and procedures will be updated and reviewed by members of the senior management team and compliance will be achieved by end of March 2020.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	04/12/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/03/2020