



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands Close
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	15 July 2020
Centre ID:	OSV-0005313
Fieldwork ID:	MON-0029809

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

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
Wednesday 15 July 2020	11:10hrs to 15:10hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The designated centre consisted of three single storey chalets on a campus setting. As part of the de-congregation plan for this setting, 13 residents had moved to community group homes and there were currently three residents living in one of the chalets in the designated centre at the time of inspection. One resident was recently deceased following an illness, and the inspector got the opportunity to meet with the three remaining residents who lived at the centre.

At the time of the inspection the residents were at home in the centre as they were not attending day services due to COVID-19, and their activities of choice in the community were curtailed in line with public health advice. Residents were observed to be comfortable in their environment, with staff and with each other. One resident was observed to be watching a music programme in the sitting room and the resident appeared relaxed sitting on their recliner chair with staff sitting nearby. Another resident greeted staff on their own terms and was observed to be supported by staff in line with their assessed needs and support requirements. The resident appeared comfortable with staff and staff appeared to be knowledgeable about the residents' communication needs by responding promptly to the resident's communications with them.

Another resident was spending time in a sensory room that had been converted into a work space for the resident during the day, as the inspector was told that this resident preferred a structured routine. The resident was observed to be listening to the radio while completing table-top activities. The resident spoke with the inspector, stating what music she liked and saying that she was happy with the activities she was engaging in.

The inspector spent time reviewing documentation and meeting with the person in charge and staff members who were working on the day also. Staff spoke about the various activities that residents had been engaging in during the COVID-19 pandemic; including local walks, bus drives, going out for ice-creams, karaoke, baking and horticulture. The inspector was told, and observed through photographic evidence, that residents had recently completed a gardening project for which they entered a local competition.

Staff stated that they felt that overall residents were getting on well during the public health restrictions, but were missing going to coffee shops and having meals out. The inspector was told that residents maintained contact with families via telephone at this time. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in May 2019. Since the last inspection the numbers residing in the centre had decreased from 12 residents to three. This was part of the de congregation plan for this centre and the inspector was informed that a house had been identified for the three remaining residents to move to, and that a programme of works will be completed to ensure it's suitability for the needs of the residents prior to them moving. One resident who was receiving end-of life care in the centre was recently deceased, and staff and the person in charge spoke about the supports given around the time of death and subsequently to the remaining residents to support them through the grieving process.

Overall the inspector found that there was a robust governance and management structure in the centre, and that the systems in place ensured effective oversight and monitoring by the management team. This ensured that residents received a person-centred, quality and safe service and were supported by a consistent team of staff who were familiar to them.

The person in charge worked full-time and was responsible for another designated centre which was located nearby. She was supported in her role by a nurse manager and a team of staff nurses and care assistants. The person in charge maintained an 'audit folder, which contained a yearly schedule of internal audits in areas such as: incidents, complaints, medication, finances, staff files, staff training, care plans and health and safety. Learnings from audits and incidents were discussed with staff at regular team meetings. The person in charge was aware of their responsibilities to inform the Chief Inspector of Social Services of notifications as required in the regulations, and a review of incidents that occurred at the centre demonstrated that notifications were completed as required.

The inspector found that the centre was adequately resourced with a suitable skill-mix and numbers of staff for the needs of residents. There was an actual and planned rota in place which was maintained to a good standard, and which reflected what was being worked on the day of inspection. A review of the roster indicated that residents were supported by a team of regular staff to ensure continuity of care. A sample of staff files were reviewed and found to contain all the requirements in line with Schedule 2 of the regulations.

The person in charge maintained a training matrix which demonstrated that staff were facilitated to attend a range of mandatory and refresher training to support them in their role, and ensure that relevant skills were continuously developed. Staff had been supported to undertake training to support them during COVID-19 also. This included hand hygiene, infection prevention and control and use of personal protective equipment (PPE). There was evidence of formal staff supervision taking place between the person in charge and staff members, and staff spoken with said that they felt well supported in their role and that they could raise any concerns to the management team if required. Staff said that they felt that the provider was

providing safe systems of working during the COVID-19 pandemic and that they would have no concerns in this regard.

The inspector found that there was good oversight arrangements and monitoring of the centre, with regular review and analysis of incidents that occurred. In addition, there was a quality improvement plan (QIP) in place that included actions identified through provider audits, senior management evaluation and person in charge self-assessment and audits. The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits were detailed in nature and identified areas for improvement. Questionnaires were sent out to families for feedback on the service and the person in charge was currently waiting for the completed questionnaires which would then be included on the annual review as part of the consultation process and which would be used to inform any further areas for improvement.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and experience to manage the centre. She managed her time between the designated centre and another designated centre for which she was responsible, which was located nearby. She was found to be actively involved and knowledgeable about the operational management of the centre and residents' needs.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that on the day of inspection, the numbers and skill mix of staff were suitable for the needs of residents. A rota was maintained which demonstrated that there was consistent staff in place to ensure continuity of care for residents. A sample of staff files was reviewed and were found to contain Schedule 2 documents as required in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge maintained a training matrix, which showed that staff were given opportunities for mandatory and refresher training as part of their continuous professional development. Where further training was identified, for example as a

result of COVID-19, staff were provided with training to support them in their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a robust governance and management structure in place which ensured effective oversight and ongoing monitoring of the centre. The inspector found that the centre was adequately resourced on the day of inspection to ensure safe and effective delivery of care for residents. The provider ensured that an annual review of the quality and safety of care in the centre was completed and that six monthly audits occurred as required by regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date Statement of Purpose in place which included all the requirements outlined in Schedule 1 of the regulations. Where amendments were required, these were addressed by the person in charge prior to the conclusion of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that had occurred in the centre and found that notifications that were required to be submitted to the Chief Inspector were completed as required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and safe service and that there were suitable arrangements in place which ensured a safe and

person-centred service.

There were assessments of needs completed for residents which assessed their health, personal and social care needs. Support plans were developed to support residents and guide staff in the supports required, where this was identified. In addition, each resident had a personal plan which included information about their communication preferences, likes, dislikes, daily routines and what goals they would like to achieve over the year. These were reviewed annually and progress on goals noted. Due to the COVID-19 pandemic, the annual review meetings that were due in March were postponed; however views of families were sought by communications through questionnaires. Residents' goals were reviewed and where goals could not be met due to the public health restrictions associated with COVID-19, new goals had been identified and were being worked on. These included baking, skills-building in identified areas, exercise plans and the completion of a gardening project.

Prior to the COVID-19 public health restrictions, one resident attended a nearby day service while others carried out day activities from their home. Residents were also involved in community based activities including; horse-riding, swimming in a local hotel and accessing reflexology treatments. However, due to the COVID-19 restrictions, these activities were curtailed in line with the public health advice. The inspector was informed that two residents had completed a cookery course and an arts and crafts course module last year, and that further funding was being sought for more educational training courses for residents when the public health crisis was over. In addition, the inspector was informed that opportunities such as social farming and involvement in community recycling will be looked into as part of the community integration plans for residents when they move to their new community group home.

The provider had updated the centre's visitor policy to reflect risks associated with COVID-19 and the centre was following the national guidance on visitation to residential care facilities. The person in charge maintained contact with residents' families to advise them of updates regarding visitor procedures.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff had undertaken online training courses in infection prevention and control; including hand hygiene and the correct use of PPE. The person in charge had completed a self-assessment audit to assess the centre's preparedness for a COVID-19 outbreak and contingency plans were in place to include staffing shortages and isolation of residents. Risks associated with COVID-19 were under regular review by the management team. The person in charge ensured that staff were made aware of public health guidance and any changes in procedure relating to this by use of a specific COVID-19 folder in place which included all relevant documentation and updates on the public health advice. Throughout the inspection staff were observed to be following the guidance in place regarding hand hygiene, and there was PPE and hand gel dispensers readily available in the centre.

Regulation 11: Visits

There was an up to date visitor's policy in place which included procedures for visitors to the centre during the COVID-19 pandemic. The designated centre had suitable facilities to receive visitors to the centre including an area for residents to meet with their visitors in private if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

Prior to the COVID-19 pandemic residents had opportunities to participate in community activities in line with their wishes and preferences; including horse-riding, swimming and cookery courses. The inspector was informed that these activities would be resumed when possible. During the public health restrictions, residents were supported to engage in activities in-house, which aimed to meet their social, personal and developmental needs; including horticulture, baking, exercise and developing skills to promote independence.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had systems in place for the prevention, control and management of infection. Risks had been assessed in relation to COVID-19 with a site specific contingency plan in place. Staff had undertaken training in infection prevention and control and the person in charge said that she was assured of adherence to the procedures, by completing regular spot checks and the use of 'staff safety pause' checklists on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have assessments completed for health, personal and social care needs and support plans were put in place where appropriate. Residents had personal plans which detailed goals identified for the future and had been reviewed to include revised goals during the COVID-19 restrictions. Residents' families and members of the multidisciplinary team were consulted as a part of

residents' reviews.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant