



Office of the Chief Inspector

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

Name of designated centre:	Woodlands Close
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	02 & 03 May 2019
Centre ID:	OSV-0005313
Fieldwork ID:	MON-0023984

About the designated centre

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

Woodlands Close provides full-time residential care and support to 12 adults with a disability. The designated centre is located in a congregated setting in Co. Sligo and comprises of three bungalow chalets that accommodates between three and five residents. Residents living at the centre have access to communal facilities; such as, a sitting room, dining room, kitchen and bathroom. Each resident has their own bedroom. Woodlands Close is located close to local amenities such as shops, public houses and restaurants. In addition, the centre has access to vehicles, which enables residents to access the community and other amenities on the campus, such as the day services, cafeteria, swimming pool and other leisure facilities. Residents are supported by a staff team of both nursing and care staff. During the day, each of the chalets has between two and three staff members support, with at a minimum, one nurse being available at all times to meet residents assessed needs. At night-time, residents are supported by at least one staff member and have access to nursing care as required.

The following information outlines some additional data on this centre.

Current registration end date:	26/04/2021
Number of residents on the date of inspection:	12

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
02 May 2019	11:30hrs to 19:00hrs	Thelma O'Neill	Lead
03 May 2019	09:30hrs to 13:00hrs	Thelma O'Neill	Lead
02 May 2019	11:30hrs to 19:00hrs	Angela McCormack	Support
03 May 2019	09:30hrs to 13:00hrs	Angela McCormack	Support

Views of people who use the service

Inspectors had the opportunity to meet all the residents who lived at Woodlands Close during the two day inspection. Residents told the inspectors about the care and support they received and said that they were happy with the service. However, some residents were unable to speak to inspectors, but inspectors observed that the residents appeared relaxed and comfortable with the supports received from staff, and saw that staff were responsive to the residents' needs. Furthermore, inspectors observed that residents were treated with dignity and respect by staff and were supported to make choices on their daily activities.

Families were encouraged to be involved in the care and welfare of their relatives. There was frequent communication between the management team, residents and family members regarding the planned transition of residents to community-based centres under the provider's de-congregation programme.

Capacity and capability

Inspectors found the centre had a clearly defined management structure with robust management systems in place. The service was safe, appropriate to residents' needs, consistent and effectively monitored. There were effective arrangements in place to support, develop and performance manage staff.

The inspectors found that the person in charge had the skills, experience and qualifications to manage the centre. However, he was also employed as the director of services and was directly accountable as a person in charge for five other designated centres, as well as co-coordinating the provider's de-congregation programme. During the inspection, inspectors were told that a new person in charge would be taking up post in the coming weeks, and the chief inspector has since been notified of this change at the centre.

Inspectors found the provider had the capacity and capability to manage this centre and had governance arrangements in place to ensure the residents had a pleasant quality of life. This centre was actively engaging in a de-congregation process to relocate services to the community and the number of residents living in the centre had reduced from 17 to 12. The provider told inspectors that they had several de-congregation housing projects in process which would support eight residents to move to the community in quarter two of 2019, with more residents expected to move later in the year.

Inspectors found significant improvements in the quality of life for the residents

since the last inspection. The reduction in residents living at the centre, had decreased previous overcrowding and there were no residents sharing a bedroom, which had improved their personal space and privacy and dignity. The provider had also reallocated staff to ensure residents were adequately supported in their health and social care needs.

The provider had appropriate systems and practices in place to identify and respond to risks and adverse incidents, which may occur at the centre. Risk interventions were subject to regular review and amended to ensure their ongoing effectiveness and the protection of residents from harm. In addition, the provider had arrangements in place for the person in charge and allied health professionals to complete monthly reviews of any adverse incidents and to identify any areas for improvements. The provider was ensuring that these improvements were maintained, by conducting six monthly reviews and annual audits of the care provided to residents,

Inspectors found there were sufficient staff resources available in the centre which had resulted in increased opportunities for residents to participate in community activities. However, inspectors found that although some residents received their daily activities from home, they did not have frequent meaningful activities, or have social activities in the community scheduled in line with their personal plans.

Regulation 14: Persons in charge

The inspector found the person in charge had the required qualifications, skills and experience necessary to manage the designated centre and they were knowledgeable on the individual needs of residents at the centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate rota which indicated that there were sufficient numbers of staff and skill-mix working in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were comprehensive training records in place and a review of these records indicated that the staff members had met their minimum training requirements as part of their continuous professional development in areas such as; safe moving and handling, hand hygiene, CPR, medication management, protection and positive behaviour management.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained in the centre and contains all of the requirements outlined in the regulations.

Judgment: Compliant

Regulation 21: Records

Sampled staff records maintained at the centre contained all required documentation as described in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure, and robust systems in place to ensure the service was safe, effectively monitored and meeting the needs of the residents. In particular, there were arrangements in place to monitoring risks, behaviours of concern, audits, documentation, and implementing effective team meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the centre, which meet

the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of events occurring in the centre, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place for the recording, response and management of complaints. Staff that spoke with the inspector were knowledgeable about the complaint's procedure and the name of the nominated complaint's officer. An easy-to-read version of the complaint's procedure was available to residents. There was one open complaint, which the provider had reviewed and was addressing at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, the provider had ensured the service provided to residents was safe and suitable to meet their assessed needs. Improvements were required in relation to residents' involvement in their annual reviews and residents receiving their day service from home.

Residents' health was appropriately assessed and nursing support was provided 24 hours a day to support residents with their health care needs. Residents had annual health reviews and medical checks throughout the year, and they had healthcare plans in place to outline how residents' individual health conditions were being managed. Person centred planning had ensured that residents were supported to achieve their social and personal goals. Residents told the inspectors about a range of social activities they engaged in their local community. However, inspectors found some residents who did not have external day programmes from their home, did not have regular meaningful daily activities or frequent involvement in their local community.

Where residents presented with behaviours that challenge, staff were trained in positive behaviour support management. Staff members were knowledgeable on residents' complex needs and behaviour support plans, and how to manage behaviours of concern.

There were two safeguarding concerns identified in the centre, which were previously investigated and there were active safeguarding plans in place to manage the risks. Safeguarding arrangements ensured that residents were protected from possible harm in line with the provider's policy. In addition, a designated safeguarding officer was assigned to the centre, which ensured a timely response and investigation of any safeguarding concerns should they re-occur.

Risk management arrangements were in place, with an up-to-date risk register maintained in the centre. Risks were identified, analysed, investigated and control measures implemented to reduce any possible harm to residents. There were monthly audits of adverse events in the centre and recommendations from the review were implemented in the designated centre.

Appropriate fire safety precautions and measures were in place at the centre with their effectiveness being assessed regularly through fire drills and checks of fire fighting equipment. Furthermore, staff knowledge on what to do in the event of a fire was kept up-to-date through regular access to fire safety training.

Regulation 13: General welfare and development

Residents had access to facilities for recreation opportunities and to participate in activities in accordance with their interests, capacities and developmental needs. However, inspectors found that some residents that received their daily activities from their home, did not have the opportunity for meaningful activities or evidence of regular involvement in the local community.

Judgment: Substantially compliant

Regulation 17: Premises

The inspectors only reviewed the actions from the last inspection and found they had been addressed. The provider had installed level access showers in two houses, and a ramp and hand rails to the front of one chalet.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements were in place, with an up-to-date risk register maintained in the centre. Risk were identified, analysed, investigated and control measures implemented to reduce any possible harm to residents. There was monthly audits of adverse events in the centre and recommendations from the review were implemented in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety measures and equipment was in place at the centre, which were assessed regularly to ensure their effectiveness in evacuating residents in the event of a fire. All staff had the required training in fire safety management.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had suitable practices in place in relation to ordering, receipt, prescribing, storing and administration of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive annual health assessment was completed for each resident living in the centre that identified all of the residents' healthcare needs. In addition; residents had an associated health care plan in place to manage their health care issues.

The residents had person centre plan which identified their social goals for the coming year, and most of the residents had user friendly plans, which showed their

activities throughout the year. However, inspectors found in the residents' files viewed, that they were not given the opportunity to attend their personal planning meetings.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that the residents were provided with appropriate health care in line with their personal health assessments.

In addition, the residents had access to a medical practitioner and residents were supported to access allied health professionals, as required in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were comprehensive support plans in place which promoted consistency of care for residents who may engage in behaviours of concern and recent referrals had also been made for some residents for further behavioural support.

Judgment: Compliant

Regulation 8: Protection

The provider had robust systems in place to manage safeguarding concerns. There were some safeguarding issues identified in the centre which was investigated and safeguarding plans were in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents privacy and dignity had improved since the last inspection. There was no shared bedrooms and there was a reduction in overcrowding in the chalets, since

the number of people residing in the centre had decreased.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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 Close OSV-0005313

Inspection ID: MON-0023984

Date of inspection: 02/05/2019 & 03/05/2019

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>All residents who currently receive daily activities from their home will have their daily activities reviewed. Opportunities for engagement in meaningful activities and regular involvement in the local community will be explored and developed in line with resident's personal preferences and these will be incorporated in their individual programmes going forward with regular review. Review of activities and update of daily activities schedules will be completed by 31/07/19.</p>	
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:</p> <p>All residents will be offered and supported to attend their personal planning meetings going forward with immediate effect 28/05/2019, and a record of same will be kept on file.</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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and	Substantially Compliant	Yellow	28/05/2019

	where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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