



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

## Issued by the Chief Inspector

Name of designated centre:	Woodbine Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	19 June 2020
Centre ID:	OSV-0005340
Fieldwork ID:	MON-0029659

## About the designated centre

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

Woodbine Lodge provides full-time residential support for up to five male and female adults with an intellectual disability. It is located in a rural setting close to Cork City. Woodbine Lodge is a two-storey dormer bungalow. The ground floor comprises of one bedroom, two living-rooms, a communal kitchen, utility room and garage. The ground floor is wheelchair accessible. There are four bedrooms, two with en-suite facilities, a bathroom and a staff office on the second floor. Woodbine Lodge has large landscaped gardens to the front and rear. Residents are supported by a team of social care workers and assistant care workers. All residents attend day services off-site within the environs of Cork City.

**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
Friday 19 June 2020	10:30hrs to 16:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with all of the residents living in the designated centre. As the inspector was a stranger to the residents, staff members facilitated communication between the residents and the inspector. One resident told the inspector about a trip to Sweden to play table-tennis where they had won two medals. They also told the inspector about a recent holiday to London to see a football match, which had ended in a draw. It was evident from speaking with the resident that they enjoyed their holidays, and that they were actively planning their next holiday. The resident enjoyed watching sport on television in the living room. Staff members had been supporting the resident to practice playing table-tennis, and the resident laughed when they told the inspector that they had won these games. The resident appeared happy and relaxed, and told the inspector that they liked their home.

Another resident was observed relaxing on the couch, having a drink. The resident said hello to the inspector before returning to have their drink. The resident later agreed to speak with the inspector and told them that they liked their home. The resident told the inspector that they were in the process of getting their passport and that they hoped to travel to London on a holiday. The resident also told the inspector that they had decided that they would like to get a job in a particular area of interest to them, and that had plans to meet with members of a program to support them to gain employment and experience in this area.

The inspector met with another resident after they had their lunch. The resident used manual signing communication systems to communicate, with support from staff members. It was evident that the staff supporting this resident knew them well, and could effectively support the resident to communicate their needs and wants. The resident went through their activity planner with the inspector and spoke about their upcoming birthday plans. The inspector observed the resident making themselves a coffee, a new skill that they had learned. The resident then went for a drive with staff members in their car.

It was evident that residents appeared happy and comfortable in the presence of staff members. Residents knew the staff working in the centre. Interactions between staff and residents were observed to be respectful in nature.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that they were of a good standard. A person in charge had been appointed in the designated centre. It was evident that this individual knew

the residents, and that residents were comfortable in their presence.

The registered provider had ensured that a clearly defined management structure was in place in the designated centre. Staff spoken with were aware of the lines of authority and accountability in the designated centre, and were confident that they could raise any issues or concerns to these individuals. An annual review of the quality and safety of care and supports provided in the designated centre had been completed in December 2019. This review was comprehensive in nature, and it had highlighted a number of key areas for improvement within service provision. An action plan to address areas requiring improvement had been developed, which identified the person responsible to ensure these actions was met in a timely manner.

On the day of the inspection, the inspector met and spoke with staff members working in the designated centre. It was evident that staff members knew the residents well, and provided supports to residents in line with their assessed needs. Residents appeared happy and comfortable in the presence of staff members. Staff members supporting residents in the designated centre were social care workers and assistant care workers. The inspector reviewed the actual and planned rosters in the designated centre and noted that the staffing levels and skill-mix were in line with the assessed needs of residents.

On admission to the designated centre, an agreement in writing relating to the terms and conditions for which the resident shall reside in the designated centre was in place. The agreement included the support, care and welfare of the resident in the designated centre and details of the services to be provided for each individual resident.

A complaints procedure was in place in the designated centre, which provided guidance for staff and the actions to be taken upon receipt of a complaint. The provider had nominated a complaints officer to ensure that all complaints were investigated and responded to in line with the regulations and the organisation's complaints policy. The inspector reviewed correspondence following the receipt of a complaint and it was noted that communications with the complainant had been provided in line with the time-lines provided in the organisation's complaints policy.

### Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that on admission, an agreement in writing with each resident, or their representative, regarding the terms on which that resident shall reside in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was in place in the designated centre.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of care and supports provided to residents in the designated centre and found that although overall they were of a good standard, some improvements were required.

A comprehensive assessment of the health, personal and social care needs of residents had been carried out. Following the assessment of residents' needs, plans had been developed to outline how these supports would be provided. It was identified through the assessment and personal planning process that one resident may benefit from transitioning to a new home in the organisation. However, the transition plan had not been updated to reflect the current status of the transition.

As part of the assessment and planning process, it was identified by the provider that one resident had limited capacity to understand their rights. A referral for the resident to be supported by an independent advocate had been submitted, however it was evident that there was a delay of three months in seeking independent advocacy support for the resident in relation to their proposed

transition.

It was noted from the documentation provided, and discussions with staff members, that the resident would not be informed of their proposed transition until it was about to happen. Therefore it was not evident that consultation with the resident would occur before they transitioned, or that they would be provided with the opportunity to exercise choice and control over where they live. This was not in line with the organisation's admission, transition and discharge policy or the designated centre's statement of purpose. At the time of the inspection, the resident was not aware that there were plans for them to transition from the designated centre.

The registered provider had ensured that appropriate health care was provided for each resident, having regard to that individual's personal plan. Residents were provided with access to a general practitioner (G.P) and allied health professionals as required. Management systems were in place to ensure that residents were protected from all forms of abuse. Where required, safeguarding plans had been implemented to ensure that there was clear guidance for staff members to safeguard residents.

The person in charge had ensured that staff members were provided with clear guidance to support residents to manage challenging behaviour. It was evident that these plans were comprehensive in nature, and were regularly reviewed to reflect any changes in circumstances.

On the day of the inspection, the inspector observed inappropriate use of personal protective equipment, which was not in line with current national health guidance. When brought to the attention of the person in charge this matter was addressed however, this had not been identified previously by management systems within the centre. In the context of the current health pandemic, it was identified that improved measures were required to ensure that residents and staff members were protected against infection.

### Regulation 27: Protection against infection

In the context of the current health pandemic, improvements were required to ensure that personal protective equipment was used appropriately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. The personal plan was the subject of a review as



there were changes in needs or circumstances. However, the transition plan for one resident had not been updated to reflect that the proposed transition was on hold.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff members had up to date knowledge to respond to behaviour that is challenging and to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Improvements were required to ensure that residents were consulted with in matters relating to their care and support and that they had the opportunity to exercise choice and control in their daily life.

Judgment: Substantially compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially 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	Substantially compliant

# Compliance Plan for Woodbine Lodge OSV-0005340

Inspection ID: MON-0029659

Date of inspection: 19/06/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge will ensure that staff within the Designated Centre have completed training on the appropriate use of Personal Protective Equipment and demonstrations will take place at staff team meetings which is next held on the Friday 24th July.</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>The Person in Charge has updated resident's transition plan to reflect the current status of the proposed transition. Completed 22 June 2020</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Person in Charge will ensure that residents are consulted with in relation to any</p>	

changes made about their care and supports, exercising choice and control in their daily lives through weekly key working sessions, social stories, or other communication methods appropriate to their assessed needs.

Any changes to the residents Personal Plans will be communicated by the Person in Charge to the staff team as required at monthly team meetings. The next monthly team meeting will be held on 24 July 2020.

Where applicable, all resident has access to an independent advocate. Resident ID146 has been appointed an advocate on 13 July 2020 to support them and their planned transition.

## 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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	24/07/2020
Regulation 05(6)(d)	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	Substantially Compliant	Yellow	22/06/2020

	take into account changes in circumstances and new developments.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	24/07/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	24/07/2020
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	25/09/2020