



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

Issued by the Chief Inspector

Name of designated centre:	Wood View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	21 September 2021
Centre ID:	OSV-0001789
Fieldwork ID:	MON-0026203

About the designated centre

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

Wood View provides a residential service to four residents who have a mild to moderate intellectual disability. The service can also accommodate residents who have autism and who attend the services of a mental health team. The centre is a two storey building which is located on the outskirts of a medium sized town where public transport links such as trains, buses and taxis are available. The residents also have transport available which is used to access their day service and local community. Each resident has their own bedroom and there is also sufficient kitchen and dining facilities in place. A social model of care is delivered in the centre and residents are supported at all times by a combination of social care workers and social care assistants. There is also a sleep in arrangement to support residents during night-time hours.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 21 September 2021	11:30hrs to 17:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all four residents when they returned from an activity hub in the town that they attended on weekdays. Three residents preferred not to discuss their views on the quality and safety of the service with the inspector and this was respected by staff. One resident spoke briefly with the inspector, stating that they enjoyed living in the centre, that all the residents and staff got on well together and that the house was very comfortable. All residents were observed to be comfortable in the company of staff and each other. Although the time the inspector spent with residents was limited, staff were observed interacting with residents in a warm and friendly way and were very supportive of residents' wishes.

When residents returned in the evening from their activity hub, they set about doing various things that they enjoyed in the centre. For example, one relaxed in the sitting room watching television, one chose to have a bath before dinner, another played a game with staff and one resident stayed in the kitchen and prepared some vegetables for dinner. All residents appeared to enjoy these activities.

Individualised activities related to residents' well being, health, development and leisure. These included going out for walks, drives, beauty therapies, continuing with recommended exercise programmes, sensory activities, household tasks, a planting in the garden and attending music lessons and sport. Residents' involvement in the community was increasing due to the lessening of public health restrictions, and they were taking part in social and leisure activities that they enjoyed in a safe way. These included residents' preferred activities, which were going out in the community for outings, walks, shopping, meals out, going to the hairdresser, family visits and going to the cinema. Residents' preferences were taken into account when planning daily activities, and as the weather was nice on the day of inspection, staff and residents intended to go out for a drive after dinner.

It was evident that residents had choices around how they lived their lives. Residents views on the centre and their lives were being gathered through ongoing daily communication and judgements on choice and preferences, in addition to monthly house meetings. A range of other information such as COVID-19 information, food choices and staff on duty was also made available to resident in accessible formats. It was clear that staff had the skill and knowledge to communicate with residents and the inspector observed this was happening in a warm and appropriate manner. Advocacy support was available to residents and this information was also made available to them.

Residents had been supported to stay in touch with family and friends during COVID-19 and arrangements had been introduced to ensure that they could do while adhering to safety requirements. Arrangements were now in place for residents to return to visiting loved ones in their homes.

Rooms in the centre were warm, comfortably furnished and decorated with pictures

and artwork, including paintings made by residents. Each resident had their own bedroom. These rooms were bright, clean and comfortable. Bedrooms were very personalised to residents' tastes and this was evident in the variety of colour schemes and decorative styles in each person's bedrooms.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was clear that residents had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed. While there were some minor improvements required to some documents, which will be further discussed later in this report, these did not impact of residents' ongoing enjoyment of their daily lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard. Some minor adjustments were required to the statement of purpose, although this did not impact on the ongoing governance of the centre.

There was ongoing review and monitoring of the service to ensure that a high standard of care, support and safety was being provided and maintained. Unannounced audits were being carried out twice each year on behalf of the provider. Audits of the centre's practices were also being carried out by the person in charge and staff. These included audits of medication management, finances and infection control. Records showed a high level of compliance in all audits and that any identified issues had been addressed. The provider had also taken the findings of the last inspection of the centre by HIQA seriously, and any areas for improvement identified in the inspection report had been suitably addressed.

There was a suitably qualified and experienced person in charge who knew the residents and their support needs. The person in charge was not based in the centre, but called frequently to meet with residents and staff. It was clear that residents knew, and got on well with, the person in charge. There was a team leader based in the centre, who supported the person in charge and the wider staff team.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included, appropriate staffing levels, ongoing maintenance and upgrade of the centre as required, and a transport vehicle dedicated to the centre. The provider had ensured that the service was suitably insured and that agreements for the provision of service had been made with all residents. Furthermore, the provider and management team had been reviewing the ongoing suitability of the house for the future needs of current residents, and were

exploring alternatives that would best suit the residents into the future.

There were sufficient staff on duty during the inspection to support residents' assessed needs. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred.

Records viewed during the inspection, such as personal plans, healthcare plans, COVID-19 and infection control systems, and audits were comprehensive, informative and up to date. The provider had also developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. There was a statement of purpose which described the service being provided and generally met the requirements of the regulations. However, some minor adjustments to the statement of purpose were required.

There had been no complaints in the centre for many years, although there was a clear process for the management of complaints should this be required. A straightforward, easy-to-read version of the complaints process had been developed for residents.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time. The person who filled this role had the required qualifications and experience, and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records were maintained in a clear and orderly fashion, were kept up to date, and were suitably stored.

Judgment: Compliant

Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by either residents or their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents, although there was some minor adjustment required to meet all the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that supported them to be involved in activities that they enjoyed. This ensured that each resident's welfare was promoted at all times and that residents were kept safe. Some minor improvement was required, however, to the residents' guide.

Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met.

The centre was in a busy tourist town in a coastal location close to a range of facilities and amenities. The house was comfortably furnished and decorated, and suitably maintained, with a well equipped kitchen, laundry facilities, and a secure garden.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre had its own dedicated vehicles, which could be used for residents' outings or activities. Residents had identified several developmental goals and were working with staff to achieve these. Samples of the goals that were planned or had been achieved included getting a passport, increased involvement in the local community, taking part in music lessons, return to visiting families as restrictions allowed and outings to places of interest to residents.

Residents also enjoyed sporting, leisure and social activities such as, going out for drives in the vehicle, going out for refreshments and meals, shopping, cinema and taking walks in the local area.

There were arrangements to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from COVID-19. Residents' healthcare needs had been assessed, plans of care had been developed and required care was delivered by staff. Some of the healthcare visits arranged for residents included annual medical checks by the general practitioner (GP), and appointments with healthcare professionals, such as chiropodists, opticians and dentists. Residents, who were eligible, were supported to attend checks covered by national screening programmes.

Residents' nutritional needs were well met. Suitable foods were provided to suit

residents' needs and preferences. Residents chose, and or took part in the preparation of their own food. Nutritional assessments had been carried out as required, residents' weights were being monitored, and support from dieticians and speech and language therapists was available as required.

The provider had ensured that residents' medications were managed safely and appropriately. There were procedures in place to ensure that medications were safely stored, administered and disposed of when no longer required. All residents had had assessments carried out to establish their capacity to administer their own medications, and were supported accordingly. Staff had received training in safe administration of medication, there was an up-to-date policy to guide practice, and ongoing audits were being carried out to ensure that medication practices continued to be well managed.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures, and an increased cleaning regime. The provider had also developed a clear contingency plan for the management of COVID-19 should it occur in the centre.

Information was supplied to residents in a suitable format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. An informative guide to the service had been prepared for residents. However, the guide required an amendment to include the terms and conditions relating to residency in the centre.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. All staff had attended fire safety training, fire fighting equipment and alarms were being checked and serviced, and fire doors were in place throughout the building. Fire drills were taking place in both day time and night time situations records showed that evacuations were being achieved in a timely manner.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at a day service hub and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises
The design and layout of the centre met the aims of the service, and the current needs of residents. The centre was well maintained, comfortable and suitably decorated.
Judgment: Compliant
Regulation 18: Food and nutrition
Residents' nutritional needs were well met. Residents chose their own food as they wished. Suitable meals were provided to suit any special dietary needs of residents.
Judgment: Compliant
Regulation 20: Information for residents
Information was provided to residents. Relevant information, such as staff on duty each day, residents' rights and how to make complaints, was supplied to residents in user friendly format. An informative guide to the service had been prepared for residents. However, the terms and conditions relating to residency in the centre were not stated in the guide as required by the regulations.
Judgment: Substantially compliant
Regulation 27: Protection against infection
The provider had measures in place to ensure that the spread of infection in the centre was well managed. Additional infection control procedures had been introduced in response to COVID-19.
Judgment: Compliant
Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Comprehensive assessments of residents' healthcare needs had been carried out, and residents had good access to medical and other healthcare services as required.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Wood View Residential Service OSV-0001789

Inspection ID: MON-0026203

Date of inspection: 21/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge will review the Statement of Purpose and make the required amendments.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The Person in Charge will add additional details to the Residents Guide, adding information relating to the Terms and Conditions of placement in the Designated Centre.	

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 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	04/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/10/2021