Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0004891
Fieldwork ID:	MON-0033339

About the designated centre

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

In this centre, a residential service is provided to three residents who, while of a younger age profile are all over the age of 18 years. All three residents receive an integrated type service where the support provided includes a range of in-house and community based programmes. In addition, a day service is provided on-site to a resident not in receipt of a residential service. Wheelchair accessible transport is available to residents to facilitate their outings and access to community activities. Each resident presents with a broad range of complex needs in the context of their disability and, the service aims to meet these needs. The premises 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 a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and support staff under the guidance and direction of the person in charge. Given the assessed high needs of the residents each resident has one to one staff support during the day. Night time staffing comprises of a sleepover staff with the addition of a waking staff when all three residents are in receipt of a residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 21 July 2021	09:45hrs to 17:00hrs	Mary Moore	Lead

What residents told us and what inspectors observed

The three residents living in this centre require full support from staff and, clear plans of support and care so that they are safe, enjoy good health and a good quality of life. The inspector found that the provider had the arrangements needed to ensure this and, consistent, effective management and oversight of the service assured the appropriateness, quality and safety of the support provided to residents. Some minor improvement was needed to one support plan so as to better assure the support provided.

Notwithstanding the full level of vaccination in the centre, there was ongoing vigilance and caution in the centre given the assessed needs of the residents and, the current status of COVID-19 in the general community. The inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. Therefore, the inspector reviewed records and met with the person in charge and their line manager in the provider's administration office. The inspector went and spent some time in the house itself accompanied by the person in charge. This time was adequate for the inspector to meet with all three residents, with the staff team supporting them that day and, to observe the morning routines of the service.

While not purpose built the inspector saw that the house had been extended and modified so that it was suited to the high physical and mobility needs of the residents. For example, each resident had access to their own accessible bathroom, a ceiling track hoist was provided if needed and, each resident was seen to have the equipment they needed for their safety and comfort. The inspector also saw that the premises was fitted with equipment that promoted resident and staff safety in the event of fire and, staff could safely evacuate each resident from the house. However, the house was homely, personalised to reflect the individuality of each resident, bright, airy and visibly clean. The planned development of the sensory garden had not progressed as, in the context of COVID-19 funds were diverted to the development of a stand alone day service separate to the main house. This facility reduced the numbers and crossover of staff and residents in the main house. The garden as it was, was accessible and evidently used by residents. For example, there was a small pool available for a resident who enjoyed the sensory input of water.

All of the three residents met with communicated using non-verbal methods and, while they may not have provided explicit feedback to the inspector on what life was like for them in the centre, the inspector saw that resident's were effective communicators. Using a combination of facial expressions, manual signs and gestures, residents greeted the inspector with interest and warmth. The inspector noted how each resident reacted with delight on seeing the person in charge who had been on annual leave. The inspector was satisfied that residents could and did clearly express how they felt, what is was that they wanted or indeed did not want. Staff were familiar with the signs and gestures used and, interpreted these as

needed for the inspector. The person in charge described to the inspector how the one-to-one staff support provided to each resident supported effective communication as residents were used to having attention from staff, used to being spoken with, listened to and, heard.

There was a relaxed atmosphere in the house and the staffing levels observed were as reported. Staff were seen to be mindful of and attentive to the needs of each resident. For example, one resident had been unwell earlier in the morning, staff were actively encouraging the resident to take some fluids and, discussed the plan of care for the day with the person in charge. Staff were noted to be protective of resident privacy and dignity when providing personal care and, ensured the inspector did not enter the respective bedroom and bathroom. Each resident had a different plan for the day though staff confirmed that residents were equally happy at times to spend time together. As the plans for the day were discussed residents clearly communicated their satisfaction with these plans and, their eagerness to be out and about with staff. Later in the day when the inspector had reviewed the personal plan the inspector was assured that the support and care observed was as instructed in the plan. The plan also verified that staff monitored resident well-being and were attuned to possible signs of illness. The provider ensured that residents had access to the services and clinicians that they needed for their continued health and well-being.

Given the high assessed needs of the residents there was documentary evidence that their representatives were consulted with and inputted into the support and care that was provided. This was evident in the personal plan but also in other records such as the complaints records. Representatives were noted to provide positive feedback but they also at times highlighted matters to staff and management. The person in charge transferred and managed this feedback within the appropriate framework, such as the provider's complaint procedure. The inspector was assured that representatives were listened to, their concerns were reviewed and addressed and, they were given feedback on what was done in response to the matters they had raised.

The person in charge was very mindful of the importance of contact with family and home for both residents and their families and, the impact of COVID-19 on this. Visiting arrangements to the centre and to home fluctuated in line with national restrictions and, the process of risk assessment informed safe, managed visits. Visits with controls to the centre and to home were both facilitated.

As stated at the outset of this report this centre was effectively managed and monitored. The person in charge understood the purpose of review and had systems for maintaining oversight of the support and care provided to each resident. These systems were integral to measuring, ensuring and assuring the consistency of support and care that residents needed. In addition, the provider was completing the annual and six-monthly service reviews required by the regulations. Because this centre was well managed, this inspection established a high level of compliance with the regulations. One action issued in relation to reviewing a positive behaviour support plan.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and, how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

As discussed in the opening section of this report there were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced to deliver on its stated aims and objectives. There were systems of review that were focused on residents and that were effectively used. The data collected was used to bring about improvement as and when necessary. Because of this effective and consistent governance the provider has, over the sequence of inspections by the Health Information and Quality Authority (HIQA) achieved and sustained a high level of compliance with the regulations. One action for improvement issued from this inspection. This inspection found that while the baseline practice was good, the consistency of practice would be better supported by further review of the positive behaviour support plan and interventions in use that had a restrictive dimension.

The day-to-day management of the service was the responsibility of the person in charge supported by their line manager and a social care worker. It was evident throughout the inspection that the person in charge was familiar with each resident, their circumstances and needs and, had systems in place that ensured the service was effectively managed and monitored. These systems included a range of internal audits such as of medicines management and accidents and incidents that had occurred, regular staff meetings, formal and informal supervision of staff and, responsive complaint management procedures. In addition, the provider completed on schedule the annual and six-monthly reviews required by the regulations. From the findings and reports of all of these reviews the inspector saw that this was a good service but deficits did occur at times or, were identified by review. These deficits were addressed in a timely manner and monitored with the ultimate objective of ensuring each resident received a safe, quality service. Matters arising and the improvement needed were discussed with the staff team collectively and individually, for example if issues arose in the management of medicines.

The person in charge described how ensuring the consistency of the support residents received was a primary objective of management. Given the good staffing levels (generally there were three staff on duty each day up to 20:45hrs and two staff each night) a large number of staff worked in the service and, the person in charge said that there was at times, an inevitable turnover of staff given the number employed. There was an induction programme for new staff and, the person in charge maintained a regular active presence on site to monitor and promote the

consistency that was needed. The inspector reviewed the staff rota and saw that the staff team was currently consistent and, two staff on duty on the day of inspection had both worked with the residents for some time. As discussed in the opening section of this report the support observed by the inspector was as instructed in the personal plan.

Effective oversight was also evident in the record maintained of training attended by staff. Any refresher training due was highlighted and, had been brought to staffs attention by the person in charge at the most recently convened staff meeting. The training programme reflected mandatory training such as safeguarding and fire safety, residents' assessed needs such as the provision of specific dietary requirements and, new risks such as that posed by COVID-19. Staff had completed a broad range of accredited training including hand-hygiene, using personal protective equipment (PPE) and, how to break the chain of infection.

The effective use of data and information included an openness to receiving and responding to feedback that was received, feedback that highlighted areas that were perceived as needing to improve. There was a shared objective between complainants and the provider that each resident received the best possible support and care. Any concerns raised were listened to, reviewed and investigated and, if improvement was needed measures were taken to bring about this improvement. For example, the learning or outcome of concerns raised was evident in the personal plan reviewed by the inspector.

Regulation 14: Persons in charge

The person in charge worked full-time and had the required skills, qualifications and experience. The person in charge clearly understood the working of the governance structure and, their own management and oversight responsibilities given their role in that governance structure. The person in charge effectively discharged these responsibilities. The inspector noted the warmth of the greeting that residents gave to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the number and assessed needs of the residents. The staff rota showed the staff on duty by day and by night and, the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to an appropriate and responsive programme of training. Staff attendance at baseline and refresher training was monitored.

Judgment: Compliant

Regulation 21: Records

Any records requested by the inspector to inform and validate these inspection findings were available. The records were well maintained and integrated. For example, there was an evident link between the personal plan and the risk register.

Judgment: Compliant

Regulation 23: Governance and management

This was an effectively managed and consistently overseen service that delivered on its stated aims and objectives. Governance was focused on each resident and, on ensuring they were provided with a safe, quality, individualised service.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements in place that ensured HIQA was notified of events such as the use of any restrictive practice.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was prominently displayed. Complaints were positively received and responded to.

Judgment: Compliant

Quality and safety

As discussed in the previous section of this report, this service was effectively managed and resourced, consequently residents received safe, quality, evidence based care and support.

The care and support provided was based on the ongoing assessment of each resident's needs. What those needs were and, the care needed in response were set out for staff in the personal plan. The inspector reviewed one personal plan and saw that the annual review had recently been completed and, the new plan was drafted based on the findings of that review. The plan was holistic and, while there was a daily requirement for physical and health care so that residents stayed well, there was a good balance in the plan between meeting residents' high physical needs and, their social and emotional needs. Representatives had input into the plan and its review.

Staff spoken with were very mindful of the impact of COVID-19 restrictions on resident's lives and staff sought to ensure that residents remained connected to family and their community while also keeping them safe. There was a sense of caution given rising community infection rates but on the day of inspection the inspector saw that staff and residents were getting ready to spend some time out and about in the community. Quieter outdoor amenities were chosen and staff were also slowly reintroducing residents to smaller local shops where there were no queues and limited number of customers. On preparing to go outdoors staff were noted to be mindful of other risks given the hot weather that day. Residents were dressed appropriately with lighter clothing, staff were encouraging fluids and, discussed the use of sun protection products. Returning to previous routines and preferred activities was reflected in the goals and objectives of the revised personal plan. There was discussion with staff on planning the reintroduction of swimming, an activity that residents enjoyed and missed. In the house residents had access to and used a well-equipped sensory room. As discussed in the opening section of this report managed visits from and to family were facilitated.

In the context of their diagnosis residents had physical and healthcare needs that required specific support and care so that residents enjoyed the best possible health. This care was included in the personal plan and its evidence based was informed by input from the relevant clinicians. For example, community based and specialist nursing resources inputted as requested and, there was evidence of regular input from the general practitioner (GP), dermatology, speech and language therapy, occupational therapy and, physiotherapy. Their recommendations were incorporated into the plan and, the sample of daily narrative notes seen by the inspector provided assurance that their recommendations were followed. As stated in the previous section of this report effective oversight was maintained of the care

and support provided so as to maximize consistency.

The risk register had recently moved to an electronic format and the inspector requested to see a purposeful sample of risk assessments that were expected to be in place based on the review of the personal plan. The inspector found good alignment between the assessed needs of the residents and the risk register. The risk associated with assessed needs was identified, assessed and, the controls to reduce the risk were set out. For example, the risk associated with manual handling, a diminished ability to safely eat and drink, risk assessments for living with COVID-19 and, behaviours that posed the risk of injury and harm to self and others. The risk assessments were current and were regularly reviewed, for example following any incidents or accidents.

In managing some risks there was a requirement for interventions that had a restrictive dimension, some of these interventions were clinical recommendations based on the assessed needs of the residents and, were needed for the safety of the resident. Records seen indicated that the use of these interventions was kept under regular review and, there was good consideration of their impact on the resident. For example, any impact on the residents right to privacy and, to free movement.

However, the inspector found that while there was a risk for behavior of risk at a specific time and, a restrictive practice (a visual monitor) was in use to manage the risk of injury, these behaviours and their management including the use of the monitor, were not actually addressed in the positive behavior support plan. In addition there was inadequate and conflicting guidance on the use of devices designed to support good posture. Explicit guidance and, possibly further training for staff was needed to assure consistent and best practice.

As discussed throughout this report there was a clear objective of protecting residents and staff from the risk posed by COVID-19. The person in charge discussed with the inspector how controls were always balanced with the psychosocial well-being of each resident. As discussed in the previous section of this report staff had completed a suite of relevant infection prevention and control training, the inspector saw ready access to cleaning and sanitising products and, staff were seen to correctly use a face mask. Staff and resident well-being was ascertained regularly each day. Management were described as vigilant in circulating new and updated guidance and, there were workable plans for responding to any suspected or confirmed case of COVID-19. The premises supported this with each resident provided with their own en-suite bedroom if they needed to isolate. Adherence by staff to infection prevention and control measures was monitored as part of the overall programme of quality assurance.

The provider had adequate fire safety measures but the person in charge discussed with the inspector plans to develop these measures further so that they would continue to protect residents as their needs increased, for example, modifications that would allow for bed evacuation. An internal audit of simulated evacuation drills demonstrated that staff could currently evacuate each and all residents safely and, in a timely manner. There were two staff on duty at night when all three residents

were in the centre. The inspector saw that the premises was fitted with a fire detection and alarm system, emergency lighting and, doors with self-closing devices designed to contain fire and its products. There systems, based on records seen were appropriately inspected and maintained.

Regulation 10: Communication

The inspector saw that residents were effective communicators and used of variety of non-verbal actions to communicate how they felt and what they wanted. Residents used gestures, manual signs and, facial expressions to communicate with staff and the inspector. Staff were familiar with the communication needs and style of each resident. The person in charge described how one-to-one staffing supported effective communication. Residents has access to the internet and a range of media; engagement with these was individualised to each resident's preference.

Judgment: Compliant

Regulation 11: Visits

Facilitating safe visiting to the centre and to home was informed by guidance and the process of risk assessment.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector found that good management and oversight ensured each resident received appropriate, evidence based care and support having regard to the nature and extent of each residents disability. Staff sought to ensure that residents enjoyed a meaningful and purposeful life connected to family, friends and their community.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the house was suited to the number and, the needs of the residents accommodated. Residents were seen to be provided with the equipment that was needed for the well-being, comfort and quality of life. The

house was well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk was effectively identified and managed. Risk and how it was controlled and managed was reviewed in line with changing needs and any incident or accident that occurred. The impact of controls on residents was considered and where possible minimised.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had effective procedures to reduce the risk of the accidental introduction and onward transmission of COVID-19. These procedures, plans and risk assessments were the subject of ongoing and regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adequate fire safety procedures including arrangements for the evacuation of residents and staff from the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The personal plan was informed by the assessment of needs; the assessment and plan were holistic. The plan was the subject of review including a comprehensive annual review. Resident representatives were invited to input into the support and care that was provided. Multi-disciplinary advice was sought as needed, was reflected in the plan and, in the care and support that was provided. The provider had the arrangements needed to meet the assessed needs of residents and, the centre was suited to those needs.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident well-being and ensured that residents had access to the care, services and, clinicians that they needed for their continued health and well-being.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a risk for behavior of risk at a specific time and, a restrictive practice (a visual monitor) was in use to manage the risk of injury. However, how to respond to these behaviours and their management including the use of the monitor was not actually addressed in the positive behavior support plan. In addition, there was inadequate and somewhat conflicting guidance based on records seen by the inspector on the use of devices designed to support good posture. Better guidance and, possibly further training for staff was needed to assure consistent and best practice.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures that promoted resident safety from harm and abuse. For example, the provider had safeguarding policies and procedures and these were implemented if and when needed. All staff had completed safeguarding training and, the person in charge was assured that staff would report concerns to her if they had them. There was regular and close contact between the service and family and, a culture that was open to receiving concerns and complaints.

Judgment: Compliant

Regulation 9: Residents' rights

This was a very individualised service where the support and care provided was

planned and delivered to meet the needs, abilities, wishes and circumstances of each resident. Staffing levels supported the individuality of the service. Given the assessed needs of each resident the role of representatives as advocates for residents was recognised and respected. When planning and reviewing the care and support provided, residents rights were considered and respected; for example, their right to privacy and to be heard.
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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodlands OSV-0004891

Inspection ID: MON-0033339

Date of inspection: 21/07/2021

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 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The management of risk behaviour which may cause injury will include a positive behavior support plan which provides guidance on how best to respond to those behaviours and strategies for their proactive management. Use of the monitor will also be referenced in the positive behavior support plan with reference to its planned reduction in use on successfully mitigating the risks associated with the behavior. Positive behaviour support specialist engaged to ensure best practice and compliance with regulation 7 as described above on 08/09/2021. Guidance for staff on use of devices to support good posture is reviewed and updated to ensure consistency. Completed 17/08/2021.	

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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	15/09/2021