



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

## Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	05 November 2021
Centre ID:	OSV-0005792
Fieldwork ID:	MON-0032722

## About the designated centre

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

The Willows is located in a rural area of Co. Wexford, close to a small village. A large town, which has all services and amenities, is a short commute away. The house comprises of a three bedroom bungalow and a separate one bedroom apartment is on the same site. Both the bungalow and the apartment have their own private garden spaces and there is ample parking. The provider's stated objective is to provide 24 hour care to persons diagnosed with autism spectrum condition. The house provides full time support to one adult, who lives in the self-contained apartment. The main house provides care for four residents, with a maximum of three residents in the house at any one time. The aim of care, as set out in the centre's statement of purpose, is to provide person centred, tailored service appropriate to residents individual needs, wants and dreams. Increasing independence in skills for daily living is a core objective and staff actively encourage and promote social inclusion. Residents have access to daily activities and transport is available to facilitate such activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet these requirements with physical, mobility and sensory support. The model of care is social and the staff team is comprised of social care workers and support workers, under the guidance and direction of the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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 5 November 2021	09:50hrs to 15:30hrs	Leslie Alcock	Lead
Friday 5 November 2021	09:50hrs to 15:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to assess the centre's ongoing compliance with regulations and standards. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. In addition to this, on the day of the inspection, one of the residents was suspected and two staff (who were off duty) were confirmed as having COVID-19. The resident suspected as having COVID-19 lived in the self contained apartment and was isolating there as a result. The inspectors observed appropriate measures were taken to manage and control the possible outbreak for instance; the staff were observed donning and doffing PPE appropriately.

The designated centre comprised of a large bungalow and a separate self-contained apartment and it was designed and laid out to meet the needs of residents. The bungalow provided a respite service for four individuals and the self-contained apartment provided a full time service to one resident. The centre presented as a warm and homely environment decorated in accordance with the residents' personal needs and interests. For instance, the inspectors observed Christmas murals painted on the window and were informed that as soon as Halloween was over, one resident had begun preparations for Christmas.

The inspector spoke with the residents to determine their views of the service, observed where they lived, observed care practices, spoke with staff and reviewed the residents' documentation and questionnaires. This information was used to gain a sense of what it was like to live in the centre. On arrival, the inspectors were greeted by the person in charge and one resident who was observed to move freely around the centre and was supported appropriately by staff to do so. This resident took part in the tour the inspectors were given around the premises and permission was sought from the resident to enter their bedroom.

One of the inspectors later went to meet the resident and the staff supporting them in the self-contained apartment who was in isolation. All necessary infection prevention and control precautions were taken. The apartment was clean and homely and personalised to the resident's individual interests and needs. The resident was observed listening to music on the television. This resident didn't engage with the inspector but appear curious about of the inspection process.

The inspectors had the opportunity to meet and spend time with two residents on the day of the inspection. Residents moved freely throughout the centre and appeared very comfortable in their environment and in the company of staff. In general, the inspectors found that the residents were supported throughout the day by the staff. Staff demonstrated that they were aware of residents individual communication needs and were observed to communicate with the residents in an

effective and respectful manner.

The residents enjoyed personalised activation schedules. Activities were based on the individual interests of the residents. On the day of the inspection, one resident went for a walk, was observed using the swing set in the garden and went out for lunch. The resident who was isolating watched television, listened to music and joined staff in making their lunch.

The inspectors observed respectful, warm and meaningful interactions between staff and the residents during the day. Staff spoken with on the day of inspection spoke of the residents in a professional manner and were keenly aware of their needs. Staff were observed adhering to guidelines and recommendations within individualised personal plans to support the residents to achieve a good quality of life.

For the most part, feedback in the questionnaires which were completed by resident's families was very positive in relation to residents' experience of care and support in the centre. For example comments included; "convivial house, well adapted and adjusted to bring a safe environment", "very kind and caring staff" and "we have met a lot of dedicated and enthusiastic staff". When describing activities the residents enjoyed, the surveys listed; walking, going for lunch, outings, horse-riding, swimming, dancing, shopping and the cinema. Both surveys indicated that they were happy with how comfortable the centre is and the access to shared areas and the garden, the resident's bedrooms, the food and one survey stated they were happy with the "special diet available". The surveys indicated that they were happy with the support the residents receive from staff and it was stated in one survey that they were happy with how complaints were handled.

One survey indicated that they were concerned about the high staff turnover and expressed concern that it was not just due to COVID-19. This concern was in line with what the provider self-identified and what the inspectors also observed on the day of the inspection. It was found that the registered provider was experiencing a staffing crisis. As a result of the staff shortage, the provider reduced the level of service they provided to the residents who attended respite. The inspectors were informed that a number of staff left following incidents with a resident who presented with responsive behaviours. It was found that register provider took appropriate steps to address this issue to ensure a good quality service was provided to the residents while ensuring the staff were also supported appropriately. The register provider was actively recruiting to fill the staff vacancies in order to resume the level of service that was previously provided to the residents in respite. It was found that the resident in the self-contained apartment was unaffected by the staffing issue.

In summary, based on what the residents, their families and staff communicated with the inspectors and what was observed, it was evident that the residents received good quality care and support. The next two sections of this report outline the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being

delivered.

## Capacity and capability

Overall, the inspectors found high levels of compliance. The registered provider had ensured the designated centre and provision of care and support was in line with resident's needs and individual preferences.

There was a clearly defined management structure. The provider appointed a full time, suitably qualified and experienced person in charge who had regular oversight of the centre. The person in charge was supported by an area manager and the staff team. The area manager also demonstrated good oversight of the centre and had a regular presence. There was also a learning and development department who supported staff and management to ensure staff training was taking place and up to date.

There was an effective governance system in place ensuring a good quality service was being provided. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed and appropriate actions had been identified and addressed. In addition to this, the provider conducted six-monthly unannounced provider audits as required by the regulations, along with their own internal audits in areas such as infection prevention and control.

The registered provider was experiencing a staffing shortage which they self-identified, risk assessed and were found to be taking the necessary action to address such as reducing the level of service provided to the residents who attend the respite service until staff vacancies can be filled. As a result, there were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team comprised of a mix of social care workers and care assistants. There was a clear staff rota in place that accurately reflected staff on duty. Staff spoken with were familiar with their role in the designated centre and how to meet the assessed needs of the residents in their care. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. There was regular formal supervision and support provided to individual staff.

## Regulation 15: Staffing

In line with the findings of the provider's own audits and reviews, inspectors found that due to a staffing review, the registered provider reduced the level of service provided to the residents who attended the respite service to ensure that they had the appropriate number and skill mix to meet the number and assessed needs of

the residents. The inspectors found evidence that the provider was actively recruiting to fill four whole time equivalent (WTE) vacancies in the centre and a speech and language therapist for the service. Respite services were curtailed to reflect available staffing ratios pending vacancies being filled.

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. The provider ensured continuity of care through the use of an established staff team and a small group of regular relief staff where required.

The inspectors spoke with staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care. The staff were seen to interact with the residents in a warm, respectful and dignified manner. A sample of personnel files were reviewed and they contained all the required documentation as per Schedule 2 of the regulation.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place for the staff team to receive training to support them in meeting the assessed needs of the residents. The inspectors viewed evidence of mandatory and centre specific training records. All training and refresher training was up-to-date for staff. The provider has a Learning and Development department who oversee staff training. They had a traffic light system in place to alert staff and their managers when a specific training was due to be completed in the coming weeks and months.

Staff were in receipt of formal supervision which was happening regularly and in line with the providers policy and action plans arising from these were developed and being monitored in a timely manner.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that there were appropriate governance and management structures in place with clear lines of authority and accountability to ensure the safe and quality delivery of care to the residents. The registered provider had appointed a full time, suitably qualified and experienced person in charge who had regular oversight. The person in charge was responsible for the designated centre and was supported by the area manager, who also demonstrated good oversight of the centre and had a regular presence. There was evidence that the staff team and the



management team were meeting regularly.

The registered provider had arrangements in place to monitor the service provided to residents. The annual review for the previous year and six-monthly unannounced provider visits were occurring in line with the requirements of the regulations. The provider self identified areas of improvements and addressed them appropriately. This was an area in need of improvement highlighted in the centre's previous inspection and improvements were noted. The inspectors were satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis.

In addition to audits required by the regulations, the provider had carried out regular internal quality assurance audits in areas such as finance, health and safety, and infection prevention and control. The provider also had a system in place to ensure regular oversight of the implementation and use of restrictive practices by the provider's multi-disciplinary team. In addition to this, there was evidence that person in charge discussed the use of restrictive practices and safeguarding with the staff team and arranged 'A Human Rights-based Approach to Health and Social Care Services' training for the staff. This was another area in need of improvement that was highlighted in the centre's last inspection. The inspectors found that all actions from previous inspections were addressed appropriately.

In line with the findings of the provider's own audits and reviews, the inspectors found that due to a staffing crisis, the registered provider reduced the level of service provided to the residents who attended the respite service. While this had an impact on the length of time the residents were attending respite, it demonstrated good governance as the provider ensured that they had the appropriate number and skill mix to meet the number and assessed needs of the residents while in respite. The inspectors found evidence that the provider was also actively recruiting to fill the vacancies in the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose and function is a governance document that outlines the service to be provided in the designated centre. The statement of purpose was available in the centre. A few minor amendments were required in relation to registration details. These amendments were made immediately after the inspection to ensure it contained the information required by the regulation.

Judgment: Compliant

### Quality and safety

The inspectors reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included meeting residents and staff, observing care and support and conducting a review of risk documentation, fire safety documentation, residents personal care plans and cleaning schedules. Overall, the inspectors found that the centre provided a comfortable home and person centred care to the residents. The management systems in place ensured the service, provided appropriate care and support to the residents.

The resident's had access to and regular input from multi-disciplinary services including behavioural therapists and psychology. Behavioural support plans were in place to support residents who exhibited behaviour which may carry risk for themselves or others. Restrictive practices including the rationale and suitability of same were regularly reviewed by the providers multi-disciplinary practice support team.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

The house was suitably designed and equipped to support the residents. The premises was clean, in a good state of repair both internally and externally. Risks relating to the current COVID-19 pandemic had also been carefully considered, with appropriate control measures in place. On the day of the inspection, the centre was found to be managing a suspected outbreak appropriately.

The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. Staff training was up to date and there was evidence of regular fire evacuation drills taking place in the centre.

Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken with had a good knowledge of safeguarding procedures and told the inspectors what they would do in the event a safeguarding concern arose. Residents were seen to be offered the opportunity to exercise choice and control over their daily activities and had access to all areas of the centre. Residents also presented as safe and well cared for, based on the inspector's observations.

## Regulation 17: Premises

The designated centre comprised of a large bungalow and a separate self-contained apartment and it was designed and laid out to meet the needs of residents. The

centre presented as a warm and homely environment decorated in accordance with the residents' personal needs and interests, and it was well maintained. The provider had ensured the provision of the requirements set out in Schedule 6 including adequate storage, and adequate social, recreational spaces as well as kitchen, bathroom and dining facilities. Along with large communal areas such as the sitting room and kitchen, the designated centre had a large garden with a swing set that the inspectors observed residents utilising.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure new potential risks were identified and assessed. There was an effective system in place for recording incidents and accidents. This system included an in-depth incident analysis that recorded the type of incident, active and reactive approaches used, actions taken and if further action was required. The post incident analysis also assessed if the residents support plans or risk assessments should be updated as a result of the incident. From a sample of incidents and accidents reviewed, it appeared that they were managed and reviewed appropriately.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection prevention and control in preparation for a possible outbreak of COVID-19. The person in charge ensured sufficient personal protective equipment (PPE) was available at all times and staff had adequate access to hand sanitising gels and appropriate hand washing facilities. On the day of the inspection, one of the residents was suspected and two staff (who were off duty) were confirmed as having COVID-19. The inspectors observed appropriate measures were taken to manage and control the possible outbreak. For instance; the resident in the self contained apartment was isolating and inspectors observed staff donning and doffing PPE appropriately.

The centre was visibly clean and there was a cleaning schedule in place that included deep cleaning of all aspects of the designated centre. There was also a separate cleaning schedule in place for the changeover, when one resident leaves prior to the arrival of the next resident. An up to date COVID-19 preparedness and

service planning response plan was in place. All staff had also completed the relevant up-to-date training. Regular COVID-19 symptom checks were completed by staff and there was ample signage observed throughout the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety measures were noted around the designated centre including fire fighting equipment, emergency lighting, detection systems and appropriate containment measures. Staff training was up to date and demonstrated knowledge of what they would do in the event of a fire. Staff were completing regular checks and fire evacuation drills with residents which were carried out in an efficient manner.

Judgment: Compliant

### Regulation 6: Health care

The registered provider took measures to ensure the residents healthcare needs were met. While the primary responsibility with regards to healthcare was with the residents' families, there was evidence that they were facilitated to access medical treatment when required while in attending respite. The Inspectors noted the residents had access to and there was input from multi-disciplinary professionals such as behavioural specialist and psychology.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents had positive behavioural support plans in place with regular input and review from the provider's multi-disciplinary 'practice support team'. There was a clear rationale for use of restrictive practices and there was a comprehensive restrictive practice log in place which was also subject to regular review. The inspectors found that the provider endeavoured to reduce the use of restrictive practices where appropriate and practicable. Staff had received up-to-date training in the management of behaviour that challenges and demonstrated knowledge in how to they manage and put the behavioural support plans into practice.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to ensure that residents were safeguarded from abuse in the centre. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Staff were also familiar with who the designated officer for the centre was. Where there was safeguarding concerns, there was evidence that appropriate safeguarding plans were in place which were monitored, reviewed and dealt with appropriately. Residents had intimate care plans in place which detailed the level of support required. There was an up to date safeguarding policy in place that provided clear guidelines for staff should a concern arise.

Judgment: Compliant

## Regulation 9: Residents' rights

The actions from the previous inspection were addressed. For instance; the staff received further training in relation to appropriate use of restrictive practices and 'A Human Rights-based Approach to Health and Social Care Services'. The provider also put arrangements in place to ensure that the residents were not impacted by the behaviour of others especially in relation to their access to all aspects of the centre.

The provider ensured residents were consulted and encouraged to participate in how the centre was run. For instance; the residents and their families were sent questionnaires to provide feedback on the service and support provided them. The inspectors found that personal care practices respected resident's privacy and dignity. The staff were seen to interact with residents in a respectful and dignified manner. The inspector observed staff offer residents the opportunity to exercise choice and control in their daily lives.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant