



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

Issued by the Chief Inspector

Name of designated centre:	Willow Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	07 December 2023
Centre ID:	OSV-0008506
Fieldwork ID:	MON-0041015

About the designated centre

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

Willow Residential Services is a designated centre established by Carriglea Cairde Services for the provision of residential services for 11 adults with intellectual disability. Currently the designated centre provides residential services for adults with Intellectual disability from two locations within easy access of one another but are separate residential settings - St Bridget's and St Annes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
--	---

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 (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
Thursday 7 December 2023	09:00hrs to 17:00hrs	Conor Brady	Lead

What residents told us and what inspectors observed

Overall the inspector observed very good quality care and support and residents who were being very well supported by staff and management.

There were seven residents living in this centre and the inspector met with five residents as two were unavailable on the inspection day. One resident was in hospital and another was on a planned outing.

This centre provided care from two separate units but one unit is due to close in the coming months as part of the providers overall strategic plan.

Unfortunately a number of residents had sadly passed away in the service recently and understandably both residents and staff were grieving their loss.

Residents were found to be happy in their homes and were looking forward to a big Christmas show which was an annual event in the services.

Residents reported to the inspector as feeling safe, secure and happy and well cared for in the centre. The centre was observed to be clean and in good order and had been reconfigured by the provider to better meet the needs of the residents. While the provider had an overall decongregation plan, which included the planned closure of all campus based settings/buildings, they were found to be using their facilities to the achieve best possible outcomes for residents.

Residents were observed enjoying a turkey and ham Christmas dinner and appeared very happy with this. Christmas decorations and trees were up in the centre and there was a warm and homely atmosphere.

Staff on duty were spoken with and were found to be knowledgeable, professional and caring. Staff demonstrated a strong awareness of the residents support needs and nursing needs in particular.

Overall the inspector was assured that residents in this centre were being very well cared for based on observations, speaking with residents, observing practice, speaking with staff and reviewing key documentation, records and policies and procedures.

Capacity and capability

Overall findings of this inspection were that the residents were in receipt of a very good quality and safe service. The provider was monitoring the quality of care and

support effectively. The provider was ensuring that residents received a good standard of care and were found to be working hard to support residents to live meaningful lives.

The centre was very well run and the provider and person in charge had good systems in place and were proving effective at capturing areas where improvements were required, and bringing about these improvements by taking necessary actions. The provider had a robust management team in place with clear lines of authority and accountability identified. The provider had strong systems in place to monitor care and support including audits, operational and strategic plans, the six-monthly and annual reviews, and resident and family surveys/engagements.

Regulation 14: Persons in charge

A new full time person in charge had been appointed to this centre since the previous inspection. This person has over 16 years experience and has the required operational and managerial experience and qualifications to hold the post of person in charge. This person presented as knowledgeable and competent in their role demonstrating strong oversight and governance of the centre. The residents knew the person in charge and could access them if they wished to do so.

Judgment: Compliant

Regulation 15: Staffing

While the area of staffing continued to be an ongoing challenge in terms of staff recruitment and retention, the provider was found to be managing this area professionally and effectively. There was an appropriate number and skill mix of staff on duty to provide care, support and supervision to the residents and a clear staffing roster was found to be in place that was well managed by the governance and management team.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found good systems in place regarding the management, supervision, development and training of the staff team. Staff had up to date training records in place which included key areas of practice such as; Safeguarding, Fire Safety, Manual Handling and Patient Safety, Food Safety, First Aid/CPR and Managing Behaviours of Concern. Annual staff performance appraisals and staff supervisions

were being completed by the person in charge and were in place for all staff reviewed. Staff highlighted to the inspector as feeling valued in their roles and presented as professional, caring and very interested in their work and the residents who they supported. Residents told the inspector they were very happy with the staff supporting them.

Judgment: Compliant

Regulation 21: Records

The inspector found that the provider had suitable and appropriately maintained and stored records pertaining to both the centre and the residents. For example, general records, complaints, charges/fees and information for residents. In addition, residents had suitable records and care plans in place pertaining to their care and support needs which were found to be up to date, securely stored and well maintained.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found a strong leadership and management team in this centre and service led by the CEO and Director of Services. The senior managers and leaders were very much aware of what was happening on the front line and even more so were accessible to both staff and residents. The inspector reviewed a series of provider audits which were leading to improvements in terms of both quality and safety but also recent outputs from a strategy review session completed by the Board and Management Team which very much demonstrated a strong commitment to progressive and robust organisational governance and management. The organisation had developed both an operational and strategic plan 2023-2027 which provided a clear road map as to where the service was at and where it was going.

Judgment: Compliant

Quality and safety

Residents were found to be safe, well cared for and had a good quality of life in this centre.

The inspector found that the provider, management team and person in charge were endeavouring to ensure that the well-being and welfare of the residents was

maintained to a very good standard. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Residents reported to the inspector that they were happy in their homes and with the staff who were supporting them.

Care and support provided to the residents was found to be of a very good quality and this was very evident throughout the inspection in interactions with residents and staff.

The person in charge and staff were found to have facilitated a positive and supportive environment which enabled the residents to feel safe and protected but also that their rights were being promoted.

Overall, the inspector found that the residents were protected by practices that promoted their safety but also that a person first approach to care and support was very evident for the residents living in this centre.

Regulation 13: General welfare and development

Residents were observed enjoying a good quality of life with a good emphasis put on social activation and community integration. An activities coordinator outlined a series of residents plans in place for residents who enjoyed going out, going to shows, going to hotels, going on holidays, men's shed, going to beauticians/treatments and others who enjoyed local flower arranging, feeding the donkeys and attending mass. A group of residents recently won a local credit union art competition and were very happy about this and celebrated the success in a local hotel.

Residents had good opportunities to pursue their own interests and preferences and some more elderly residents enjoyed more time relaxing or less intensive activity schedules.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that risks in this centre were well managed. Risks were assessed, recorded, understood and managed. For example, the inspector reviewed a number of risks and discussed how they were being managed in the centre with staff such as the risk of residents with epilepsy, the risk of safe evacuation, the risk of resident falls and the risk of behaviours of concern. Overall the inspectors found risks were clearly understood and the control measures to manage risks were being implemented effectively.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was found to be managing the risk of protection against infection (IPC) effectively. Clear policies and procedures were in place regarding the management of IPC practice and procedures. The centre had contingency planning systems for the management of IPC and had managed outbreaks effectively in the past. Staff were trained and knowledgeable in this area and vaccine programmes were rolled out for residents and staff. The centre had good cleaning schedules and systems in place to ensure the centre was clean and hygienic. Adequate stores of appropriate PPE (personal protective equipment) were in place and the inspector observed good practices in relation to all waste disposal.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. The inspector found that medication practices in this centre were good and that this area of care was held to a good standard at all times.

There was a system for ensuring that nursing staff were not interrupted in the office while managing medication to reduce the risk of errors.

The residents had up-to-date prescriptions or a kardex in place and there were accurate records maintained of administration of medicines. Should a medicine dose be refused there was clear guidance for staff on how to record this and who to contact to discuss the next steps.

Where residents had 'as required' (PRN) medication prescribed and these were clearly identified with clear and direct protocols in place for their use.

The nurse on duty demonstrated strong knowledge and competence for the residents in her care in terms of what medication they were on and why they were on this medication and was also able to highlight medication review dates, appointments and indicators/side effects of certain medications.

Judgment: Compliant

Regulation 6: Health care

Residents enjoyed good levels of general health and presented as well cared for. Up to date health care reviews, health checks and hospital passports were reviewed. The inspector found that residents had regular access to G.P., Psychology, Psychiatry, Behavioural Support, Dental, Nurse, Opticians/Eye Health, etc. Nursing staff on duty demonstrated very good knowledge and awareness of the residents in their care in terms of their healthcare needs. The inspector found that residents were supported to live healthy lives and were well supported in the centre in terms of their physical and mental health and well being.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of residents in this centre. The staff members who met with the inspector had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported. Clear and direct personal and intimate care plans reviewed by the inspector also aimed to promote best practice, dignity, privacy and independence. There was clear guidance for staff on the recording and response to allegations, disclosures, incidents or accidents and systems for recording minor injuries. A newly appointed Designated Liaison Person had good safeguarding systems in place in terms of response and management of all safeguarding matters. There was a safeguarding policy in place and was under review at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Overall in the service was striving to provide residents with choice and control across service provision.

All residents had individual routines in place that aligned with their needs, wishes and preferences. For example, staff respected a resident's choice to get up later in the day when they required this support. Residents had sufficient resources in place such as staffing and vehicles to allow them access the community and relevant activities and events.

A resident who spoke with the inspector explained the importance of getting out and about. The inspector reviewed various positive examples such as residents heading out for breakfast together, going swimming, attending music events, Christmas

parties, going to Mass, Santa Train.

Other examples included the use of external advocacy, establishment of an ethics committee, resident bereavement support, planting a remembrance tree, End of Life care planning and forming a guard of honour for their friends funerals.

When speaking about residents, staff used positive, professional and caring language. Interactions between staff and residents were observed to be kind and patient and in line with residents' specific assessed needs.

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 (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
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant