



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

Issued by the Chief Inspector

Name of designated centre:	Woodvale Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	13 May 2021
Centre ID:	OSV-0003058
Fieldwork ID:	MON-0032022

About the designated centre

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

Woodvale provides residential services to adults with an intellectual disability. The service provides 11 full-time residential placements to male and female residents who are over 18 years of age and have intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporate home-based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area of Co. Dublin. They are close to a variety of local amenities such as shops, parks and hotels. There are gardens to the front and rear of both houses. Both houses are a short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Staff are based in the centre when residents are present. Both houses have a waking night staff overnight, and one house has an additional sleepover staff. Each house has its own transport to support residents access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Thursday 13 May 2021	09:40hrs to 15:45hrs	Erin Clarke	Lead
Thursday 13 May 2021	12:00hrs to 15:30hrs	Marie Byrne	Support

What residents told us and what inspectors observed

There were 10 residents living in the designated centre on the day of the inspection. One resident had yet to return to the designated centre after an extended trip to their family home. The person in charge explained that due to the current COVID-19 restrictions, the resident was self-isolating in a dedicated isolation unit operated by Daughters of Charity before returning to their house as pre-arranged with the resident.

The designated centre consists of two detached houses in the community, six residents live in one of the houses, and five residents live in the other house. This inspection took place during the COVID-19 pandemic, and the inspectors adhered to national best practice and guidance with respect to infection prevention and control. The inspectors visited one house each. One inspector met with four residents living in one house, while the other inspector met six residents living in the second house. One inspector also spoke with three residents' family members after the inspection, who expressed their views on the quality of care their loved ones received.

The first house had undergone deep cleaning by an external contractor in response to a previous inspection finding. The inspector was informed that this would continue on a regular basis. In line with residents' assessed needs, the level of staff support required in this house was high resulting in limited time to complete these specialised cleaning routines. The inspector observed staff providing support to residents at all times. The provider had also changed a vacant bedroom in this house to a second living area, affording the residents additional communal space. The inspector was informed that residents availed of activities such as foot spas and hand massages in this room. The room also enabled residents to receive visitors in private, away from the main living areas, when visits to the house resumed. The residents had access to a secure mature garden area to the rear of the house, including a swing, seating areas, and flower beds. Two residents particularly liked to spend time in the garden at times of their own choice, and the inspector observed the residents going into the garden at various times during the inspection.

Although the house was busy, in the sense that there were four staff supporting four residents, there was a positive atmosphere. Residents did not communicate verbally or wish to engage with the inspector; however, residents used physical gestures, facial expressions and vocalisations to communicate their needs to staff. The inspector observed interactions between residents and staff as warm and engaging. Staff were also seen gently encouraging residents to mobilise around the centre to maintain their mobility and independence. Throughout the inspection, residents appeared content and comfortable in their home and with the levels of support offered by staff. From a review of the morning routines and from speaking to staff, there was a clear need for a second shower room. The inspector was informed of the plans by the provider to install a second shower when restrictions eased.

The person in charge informed the inspector that due to COVID-19 preventative measures implemented to reduce the risk of transmissions, the core staffing team was increased, eliminating the need for unfamiliar relief and agency staff. The inspector found that this had a positive impact on the relationships between residents and staff, as reported by several staff members. For example, one resident that did not wish for staff to support them with personal care had now built trust with the consistent staffing team and felt comfortable with staff supporting them. At the time of the inspection, in line with government guidelines, the provider had appropriately adhered to COVID-19 related restrictions, which meant that residents did not have many opportunities for social engagement in or with their local community. From a review of residents' personal files, it was apparent that staff were endeavouring to support residents with activities that were safe and in adherence with the restrictions. Residents were encouraged to visit local parks and drives to the seaside. Staff spoke to the inspector about various video conferencing classes and catch-ups the residents had taken part in. Prior to the restrictions, residents attended day services, horse riding, swimming and night's away. Staff also spoke about how they looked forward to supporting residents to return to the activities they once enjoyed.

In the second house, the inspector had an opportunity to meet and briefly engage with the six residents living in the centre. Throughout the inspection, residents appeared relaxed, comfortable and content in their home. The inspector also observed kind, caring and respectful interactions between residents and staff. Staff were found to be very familiar with residents care and support needs, particularly their communication preferences. They were found to be listening to residents and picking up on their cues, and responding appropriately. During the inspection, residents were observed to spend time in their preferred spaces. They were observed relaxing in the living room, having meals and snacks in the dining room, spending time in their bedrooms, or spending time in the garden enjoying the nice weather. At different times during the inspection, music, laughing and singing were heard from different parts of the house. There was a cobble locked garden at the front of the house, and to the back, there was a spacious garden with garden furniture and a large shed for storage. There were window boxes and pots containing plants that residents had grown from seeds. These included wildflowers and a selection of vegetables.

Three residents showed the inspector their bedrooms, and some showed the inspector their favourite possessions. Each bedroom was found to be bright, clean and decorated in line with the resident's wishes and preferences. They each had plenty of storage for their personal items. One resident spoke with the inspector about what it was like to live in the centre and about how they liked to spend their time. They told the inspector that they were happy and felt safe in their home. They had been living in the centre for ten years and told the inspector that staff were very good to them. They said the food was good and that they got on well with the other residents living in the centre. They talked about things they liked to do, both at home and in their local community. The day before the inspection, they had gone to a local park after getting a drive-through take away meal. They talked about getting their COVID-19 vaccine and about how well it went. They talked about how much they liked shopping and were looking forward to when all their favourite shops

were all back open. The resident then excused themselves as they were hungry and then proceeded to ask a staff member to make them a toasted sandwich and told them exactly what they would like on it.

Residents were being supported to keep busy during the pandemic. They were partaking in activities of their choice in their home and some activities in the community. In line with public health advice and current levels of restrictions, their access to some community-based activities were limited, but plans were in place to access their local community more frequently once the current level of restrictions were lifted. They were regularly going out for drives, going to local parks, and out to get take-away meals and snacks. Throughout the pandemic, residents were being supported to maintain contact with their family and friends using telephone and video calls. The local area has numerous pubs, coffee shops, restaurants, churches and supermarkets, and there was a large shopping centre close to the centre. The house was close to a train station and bus stops, and residents had access to a bus to support them to access their local community, should they so wish.

In this house, five residents completed or were supported to complete a questionnaire prior to the inspection. In each of the questionnaire, residents indicated that they were happy with the comfort and warmth in the centre and their access to outdoor spaces. They also indicated that they were happy with their bedroom, the amount of space they have for their belongings, how safe their belongings were and their access to laundry facilities. Each resident indicated that they were happy with the amount of choice they have and how their dignity was respected in the centre. They described activities they enjoyed both at home and in the community. A number of residents referred to the impact of restrictions relating to the COVID-19 pandemic on their access to community-based activities. Some of them commented on visiting restrictions during the pandemic and how much they were looking forward to seeing their family and friends once the current level of restrictions were finished.

The family members spoken with were very complimentary of the staff team, the person in charge and the services that their loved ones were in receipt of. One family member described the positive impact that the centre had on their relative compared to previously living on campus by explaining that it "was like chalk and cheese" for that individual. The resident was happier within themselves, more independent in activities of daily living and more verbal due to the interaction from staff. Another family member told the inspector that staff were professional and knowledgeable of the healthcare concerns of their relative, and the staff team "were like family" to the resident. One family member had praise for the improvements made by the person in charge and the open communication promoted between families and the service. All family members recognised that the visiting restrictions during the pandemic were difficult but necessary to keep all residents safe and the extra measures staff had taken to support these relationships. For example, for one resident who had celebrated a big birthday, staff had set up video calls so their family could share in their delight at opening birthday presents.

Overall, the inspectors found that residents were well supported and staff support was appropriate to meet the needs of the current residents. The inspector looked at

a number of areas that impacted upon residents' care and the quality of the service provided. While some issues were identified in fire safety, behavioural support, premises, and risk management, the inspectors found that the provider had made progress in many areas since the previous inspection. This is further discussed below.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This was a short-term announced inspection and was announced by the inspectors on May 11 2021. The aim of this inspection was to assess the improvement made by the provider in key areas since the previous inspection of August 2020, such as the governance and monitoring of the care and quality of the centre. It also provided for the inspector to gain further information in relation to the centre's application for renewal of registration. Overall, the inspectors found that the centre was operating with higher levels of compliance, and the provider had appropriately addressed issues from the centre's previous inspection or was in the process of addressing these actions. The findings of this inspection were reflective of a service that demonstrates a person-centred approach while embracing continuous improvement.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full-time post. The person in charge was supported by a clinical nurse manager 3 (CNM3), and the person in charge informed the inspectors that their own formal supervision had commenced since the previous inspection.

The governance structure had been strengthened with the appointment of a health and safety officer who was supporting the designated centre in the areas of risk management, shared learning and annual reviews. The provider had committed to producing an annual review of the quality and safety of the service from the previous inspection actions. The inspectors found that this had been completed for 2020; it was centre specific and demonstrated awareness of the improvements to be completed. The inspectors identified that there were further improvements required, including the consultation with residents and their families and benchmarking against national standards, but the provider had self-identified this in its own action plan.

Due to the organisational restrictions in place, the person in charge could not visit one of the houses for a period of 12 months as a COVID-19 preventative measure between the houses. The person in charge informed the inspectors how they were involved in the centre remotely during this time. They had recommenced on the roster in this house since April 2021. The person in charge was aware that they

needed to spend additional time in this house to complete all operational work that could not be completed fully when working remotely. For example, the review of care plans and quality and safety walkarounds.

The inspectors reviewed staff training records and noted there had been a considerable drive to ensure staff had received refresher training in mandatory areas since the previous inspection. Following a review of training records, all mandatory staff training was up-to-date on the day of inspection. In response to the difficulty in securing some face-to-face training during the pandemic, training was made available online to staff. The provider had also ensured all staff had completed positive behaviour support training in line with residents assessed needs.

Formal supervision of staff had also commenced by the person in charge to support staff to carry out their duties to the best of their abilities. For example, one staff member raised concerns that they did not have many opportunities to administer medicines. The person in charge explained to the inspector that they amended some work practices to ensure all staff had practice within this area in order to maintain their skills. Staff who spoke with the inspectors were aware of their roles and responsibilities and stated they were well supported by the person in charge and the local management team.

There were appropriate staffing levels, and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team consisted of nursing staff, social care workers and healthcare assistants. A planned and actual staff rota was maintained, and this reflected staff and duty during the day and night. Management was also available on-call to support staff outside of normal working hours. The staff team was seen to be well established and were familiar to residents. The feedback received during the inspection informed the inspectors that ensuring residents felt secure in their environment was the priority; residents like that the staff are familiar to them and know how to support their needs.

The person in charge was submitting notifications regarding adverse incidents to the chief inspector as required and maintained a log of such notifications. The inspectors identified that the systems in place to notify the chief inspector required strengthening when the person in charge was on leave.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew their registration in a timely manner.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider was required to submit notification regarding a change to a person participating in the management of the centre.

Judgment: Not compliant

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified nurse manager with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster that accurately reflected the stable staffing arrangements in the centre. Nursing staff supports were reflective of the centre's statement of purpose. The rosters reviewed identified who was in charge of the centre when the person in charge was not in the centre.

The inspectors found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff were required, the same relief staff who were familiar to the residents were employed.

The person in charge also informed the inspectors that no agency staff were employed as a control measure during the COVID-19 pandemic, and relief staff that were working in the centre were only employed within this designated centre. Additionally, the provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff who spoke with the inspectors were aware of their roles and responsibilities and said they were well supported by other staff team members, the person in charge, and the management team. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best

of their abilities.

Training was provided in areas including manual handling, administration of medicines, fire safety, safeguarding, and positive behavioural management. The person in charge regularly reviewed training needs and additional training when necessary. A new training record matrix had been developed since the previous inspection, which provided a clear overview of staff training needs, training completion dates, and expiry dates. This allowed for a more proactive response to training provision, facilitating refresher training before its expiry date.

Staff told the inspectors they could raise concerns about the quality and safety of care and support provided to residents if needed, and the person in charge provided good support on an ongoing basis.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place, and staff had specific roles and responsibilities in the designated centre. A member of senior management was available on-call outside of normal working hours should staff require management support.

There was evidence that the service provided was regularly audited and reviewed. The inspectors found that the person in charge carried out a schedule of local audits throughout the year, including audits relating to the care and support provided to the residents living in the centre.

The provider had responded positively to previous inspection findings and had and was in the process of taking action to resolve matters that impacted negatively on residents' lives. For example, damp issues had been resolved with the installation of electric vents.

An unannounced visit was carried out on behalf of the provider on a six-monthly basis, which was used to inform a report on quality and safety. This report required further development to ensure that the views of residents or their representatives were captured.

In addition, the inspectors found that a review of the person in charge's current administrative hours was warranted to ensure the effective governance, operational management and administration of both houses within the designated centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Since the previous inspection, there had been no admissions to the centre, but the provider had policies and practices in place in this area.

All residents had been provided with a contract for the provision of services. This is a key document in setting out the services that residents are to be provided with and the fees they must pay. A sample of these were reviewed. It was observed that some contracts had not been updated in line with a slight increase in fees.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. Some minor amendments were required as requested by the inspectors and the provider had made these changes.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. Improvements were required in order to ensure that all adverse incidents were being reported to the chief inspector in the appropriate timeframe in absence of the person in charge.

Judgment: Not compliant

Quality and safety

The inspectors observed that improvements had been made to the quality of service provided to residents since the previous inspection in August 2020. The registered provider had invested in upgrading the centre, and there were future works planned for when restrictions lifted. It was also noted that there was a reduction in slips, trips and falls due to the review of one resident's bedroom location. The provider

and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their home. The inspectors identified good practice regarding the safeguarding of residents finances, infection prevention control, and supporting residents with their healthcare needs. The inspectors determined that further improvements were required in risk management, fire precautions, and the resources in place to support residents with their behaviours.

The registered provider had systems in place to ensure that residents were protected from abuse. There had been no safeguarding, or adverse incident occur in the centre since the previous inspection. There were safeguarding measures in place to ensure that staff were providing intimate personal care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspectors noted that these plans were of high quality, demonstrating that residents' preference were respected.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The provider had sourced an external cleaning contractor for deep cleaning in one house. The centre was found to be clean and hygienic, and there were a range of hygiene checklists and audits in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

There were a number of environmental restrictive practices in place to protect some residents, including locked doors, keypads and a stairgate. Residents' individual risk management plans and personal plans were detailed in relation to the use of these restrictive practices. Restrictive practices were also detailed in the restrictive practice register, which was regularly reviewed and updated by the multi-disciplinary team every three months. The inspectors identified that efforts were being made to reduce the restrictions. It was also demonstrated that the removal of the restrictions had been trialled.

On review of the systems in place and supports available to positively address behaviours of concern, the inspectors noted that this action from the previous inspection remained outstanding. However, the inspectors were informed that progress was underway for residents to access positive behavioural supports in a timely manner. A behavioural specialist had recently been recruited, and referrals for those residents that required support had been submitted.

Practices relating to the management of resident finances by the registered provider were reviewed. The inspectors found that the systems in place ensured that supports that were being provided were safe and transparent. There was a strong focus on, and good records maintained of residents daily expenditure. The person in charge could clearly demonstrate how residents maintained control of their bank

accounts and that all expenditure was accounted for. The person in charge also had systems in place to ensure that residents retained control of their personal property. Residents had their own items in their homes, and these were recorded in a log of personal possessions.

The inspectors reviewed fire precaution measures and found a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident, which clearly outlined the individual supports required in the event of a fire or similar emergency. Regular fire drills were taking place in the centre, and records demonstrated that residents and staff could evacuate the centre without difficulty in a reasonable time frame. There were suitable fire containment measures in place for one house including automatic door self closures. In the second house the provider had installed self-close devices on some doors in higher risk areas . The person in charge had self-identified that these self-close mechanisms were required in other areas of the house including residents bedrooms and had escalated this to their line manager.

Appropriate healthcare was made available to residents having regard to their personal plan. Plans were regularly reviewed in line with the residents assessed needs and required supports. Staff who spoke with the inspector were knowledgeable in relation to residents' healthcare needs and motivated to support them to enjoy best possible health.

The inspectors reviewed the arrangements in place for the management of risk. There was a policy on risk management available, and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. The inspectors found control measures as outlined in plans were implemented in practice, for example, assistive equipment to prevent falls, infection control measures and healthcare interventions in response to an identified healthcare risk. The provider had recently introduced a new risk register to capture the risk contained within the centre; the inspectors acknowledged this system was in its infancy and required further improvement.

Regulation 12: Personal possessions

The inspectors reviewed the systems in place to safeguard residents' finances and the recording of daily expenditure. Residents were supported to manage their own financial affairs. The person in charge was conducting regular audits of money that were spent on behalf of residents to ensure safe practices were employed at all times. Residents' personal finances were stored securely, and checks and balances were being completed regularly.

Arrangements were in place for residents to maintain control over their personal belongings. For example, residents had storage facilities provided in their bedrooms while lists of their personal property were also maintained.

The monitoring and oversight systems carried out by the person in charge assured the inspectors that residents were safeguarded from financial abuse.

Judgment: Compliant

Regulation 17: Premises

The provider had made improvements under this regulation by providing additional communal areas in one house so residents had sufficient private space to retreat for some quiet time, if they wished. Overall there was a homely atmosphere in the houses and residents displayed personal photographs and personal artwork throughout the house.

The provider was aware that additional works were required in one house including painting and renovations to a shower room, these were not completed at the time of the inspection due to the level of restrictions in place.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a local risk register which detailed associated generic risks. Risk assessments were also completed and reviewed regularly for risks pertaining to each resident. However the risk register and risk assessments required reviewing to ensure that the risks present in the centre were reflected on the risk register, for example the risk of choking and absconsion.

Improvement was required with regard to the recording of risk and the accurate reporting of risk through the appropriate channels.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Arrangements were in place for the protection against infection. The inspectors found that there were appropriate facilities for hand hygiene, including hand gels and the person in charge stated there was plentiful supplies of PPE.

Staff were seen to wear appropriate PPE and were kept updated on the changing guidance related to COVID-19 as seen in the relevant information folder.

All residents had individual care plans in place for in the event of contracting COVID-19. Temperature checks were being completed by staff and residents twice daily. Up-to-date guidance was available to staff working in the centre. A COVID-19 risk assessment and service contingency plan had been devised by management.

Judgment: Compliant

Regulation 28: Fire precautions

All residents had personal emergency evacuation plans in place, which were subject to regular review. A fire specialist regularly serviced fire fighting equipment, and staff and residents were completing regular fire evacuation drills, which simulated both day and nighttime conditions. Residents' mobility and cognitive understanding were accounted for in the evacuation procedure.

There was an identified need to review the fire containment measures in one house to ensure its effectiveness in the event of a fire in that area of the centre. In the second house, inspectors found that self-closing mechanism were fitted to fire doors to ensure that the fire containment measures were effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the residents were being supported to achieve personal and social goals and to maintain links with the community. Residents' health, personal and social care needs were reviewed annually with evidence of multi-disciplinary input. Residents goals were reviewed or readjusted to reflect the COVID-19 restrictions.

The input of residents and family representatives was evident and goals were identified in line with residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare was monitored on an ongoing basis by staff in the centre, and records were available on the healthcare monitoring completed in line with plans.

For example, weight charts and temperature checks were recorded as required.

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Residents that presented with high healthcare needs had access to full time nursing care and support 24/7.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were logged and regularly reviewed, and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

Improvement was required to ensure that every effort was made to identify the cause of residents' behaviours of concern, in particular those subject to restrictive practices. Not all residents had a positive behaviour support plan devised by a suitable professional to guide staff on how best to support their assessed needs. However, inspectors were informed that a behavioural specialist had recently been recruited to ensure these residents were supported and received regular review.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. Residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed.

Staff working in the centre had received training in safeguarding vulnerable adults with up-to-date refresher training provided. There were procedures to keep residents safe in this centre, and there were no safeguarding concerns in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre with residents having choice and

control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents rights and advocacy regularly.

Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect.

The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times.

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0032022

Date of inspection: 13/05/2021

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The Provider has submitted notification of change of PPIM for the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The annual quality review will ensure the views of residents and families are captured. The PIC will distribute family satisfaction and service user satisfaction surveys yearly.</p> <p>The Provider is reviewing the supernumery hours of the PIC and will action any recommendations.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of Care have been updated in line with the increase in fees.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: In the absence of the PIC the Provider will ensure that all notifications are submitted on time to the Chief Inspector.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will complete the renovations to the shower room. The Provider will paint the premises.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC will maintain a risk log for each individual house in the designated centre. The PIC will maintain a risk register with the main risk for the full designated centre.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

The Provider has installed door closures on all fire doors in the designated centre.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Clinical Nurse Specialist in Behaviour has reviewed the residents that require positive behavior support will update or develop appropriate plans to guide all staff.

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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	11/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/11/2021

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/09/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be	Substantially Compliant	Yellow	11/06/2021

	charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	26/05/2021
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	11/06/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the	Substantially Compliant	Yellow	30/09/2021

	resident's challenging behaviour.			
--	---	--	--	--