Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Woodcrest
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	25 June 2024
Centre ID:	OSV-0003556
Fieldwork ID:	MON-0043135

About the designated centre

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

This designated centre comprises of three two-storey community residential houses, all located between two towns in Co. Dublin. The centre provides care and support to men and women with intellectual disabilities over the age of eighteen. The designated centre is registered to accomodate 11 individuals in total. House one can provide full-time residential care for three male individuals. The house consists of four bedrooms with one bedroom having an en-suite bathroom. There is a kitchen, dining room and sitting room with a garden area out the back. House two can provide residential care between Monday and Friday for up to three female individuals. The house consists of four bedrooms, a dining room, a kitchen and sitting room. One bedroom has an en-suite bathroom and there is a shared toilet and shower upstairs and a downstairs toilet. House three is registered to provide full-time residential care for up to five individuals. The house consists of single bedrooms, a kitchen/dining area and a sitting room. There are two bathroom/shower rooms with toilets upstairs including a downstairs toilet. There is a garden area out the back. The person in charge shares their working hours between the three houses within the designated centre. There are staff nurses, social care workers and core support staff and resource staff employed in this centre to support the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 June 2024	10:30hrs to 18:00hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was conducted to assess compliance with the regulations and to assess the implementation of the compliance plan submitted to the Office of The Chief Inspector following an inspection carried out in October 2022. The provider committed to addressing areas of non-compliance and submitted a time-bound plan in this regards.The inspection was facilitated by the person in charge for the duration of the inspection . Overall the inspection found high levels of compliance with the regulations and improvements in the oversight and governance by the provider since the last inspection. However, further improvement was required in relation to regulation 28: fire precautions, regulation 23: governance and management, regulation 32: notification of period when person in charge is absent and regulation 17: premises.

On arrival to the designated centre all residents were attending activities, day service or appointments. The inspector completed a walk through of two houses of the designated centre on the morning of the inspection and in the afternoon visited the third house that made up the centre and completed a walk through of the premises with the person in charge. The designated centre comprised of three two storey houses in South Dublin. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The designated centre had the capacity for nine residents, at the time of the inspection there was one vacancy in the centre. The inspector had the opportunity to meet seven residents during the course of the inspection. One resident was away from the centre on the day of the inspection and not due to return until the following day. The inspector observed residents coming and going from their home throughout the day, attending appointments, meeting friends or going to the local shop.

The inspector found each of the houses that made up the designated centre to be clean, tidy and decorated in line with each residents taste. Residents had their own bedrooms and the inspector found them to be spacious and decorated with family pictures, paintings and general hobbies and interests. One resident told the inspector that they had recently decorated their bedroom and they were very happy with how it was completed. The resident was a fan of martial arts and wrestling and their bedroom was a reflection of this interest. The resident informed the inspector that some areas of the house required painting, however, this was going to happen at the same time as works were being completed on the whole house.

One resident spoke to the inspector about their upcoming holiday and the plans they had made with staff. The resident told the inspector that they were going to a large hotel which had all of the activities they wanted to do in the same area so they could relax once they arrived. The hotel had bowling, swimming, restaurants and outdoor activities. The resident told the inspector that they were really excited for the holiday and that they had planned the activities they would be doing with their

friends once they arrived there. The resident told the inspector that they were watching the current football tournament each evening with friends and staff and that they were really enjoying this years competition.

One resident spoke to the inspector about how they had grown up near the designated centre and had moved into their home a number of years ago. The resident told the inspector that the support staff and the person in charge were always very kind to them and everyone that lived in their home. The resident told the inspector that their family are very important to them and that they visit the centre regularly.

One resident spoke to the inspector about the Assisted Decision Making (Capacity) Act and the steps they felt the provider needed to make in order to implement the act correctly. The resident spoke to the inspector about having the choice to live in their current home and how if they were to chose to live anywhere it would be this home. The resident told the inspector that everyone should have a choice to live where they want to live but that not everyone can afford the cost of homes in Ireland. The resident told the inspector that the cost of living had been an effect on some of the choices they made when socialising, however the resident said these choices were ones that had to be made by everyone and not because they lived in the centre. The resident told the inspector that when required staff would help them to make decisions and at times give them information they needed to help with the decision making process. However, the resident informed the inspector that they gathered a lot of information from external advocacy groups, parliament and leaders questions and from the provider. The resident was also the local advocacy officer for the designated centre.

One resident told the inspector that they had lived in the designated centre for a long time and that over the years they had made some complaints. The resident told the inspector that the provider and person in charge had made sure that they were happy with the changes made before closing the complaint.

The inspector sat with one resident while they completed table top activities with the support of staff. The inspector observed the interactions between the resident and support staff to be warm and friendly. The inspector found the support staff to be knowledgeable of the residents needs and their likes and dislikes.

The inspector met one resident who was non verbal and used both Lámh (a manual signing system) and their own personal sign language interpretation. The inspector observed the person in charge and support staff to hold a conversation with the resident in both signing systems and observed the resident and staff laughing at jokes the resident was communicating.

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

Capacity and capability

Overall, this inspection found improvements in compliance with the regulations since the previous inspection. The provider had completed a number of their actions as outlined in their compliance plan response.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre. The inspector identified some gaps in the centres auditing systems during a time of management change, however the person in charge had implemented a schedule of works for the completion of essential audits.

The inspector found that the provider had failed to notify the office of the Chief Inspector during periods when the person in charge was absent. The provider had placed governance systems in place during this period, however, as previously discussed this had led to gaps in audits but had not had a direct impact on residents.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. The inspector observed staff to use a number of communication styles and systems with residents to promote independence and support.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered. The inspector found the statement of purpose had been regularly reviewed and demonstrated changes to the centres management team.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge had recently taken on this role within the designated centre and the inspector found them to have a good knowledge of each residents assessed needs and residents wishes for the running of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector reviewed both the planned and actual rosters from March, April and May 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during each shift pattern. On the day of the inspection the centre was operating on two and a half whole time vacancies. However, the inspector found that these vacancies were filled with either additional hours from the permanent staff team or through regular relief and agency meaning continuity of care was maintained for residents in the centre.

Furthermore, the inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs. The inspector found staff spoken to on the day of the inspection where knowledgeable of residents assessed needs and were actively advocating on behalf of peers in a number of their goals.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The inspector found that the person in charge and the PPIM had completed an annual training needs analysis for staff based on the residents assessed needs and current best practice.

The inspector reviewed the staff training matrix and found that staff in the centre

had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents.

All staff had completed mandatory training including fire safety, safeguarding, manual handling and infection prevention control (IPC). Refresher training was available as required to ensure that adequate training levels were maintained. Staff had also completed additional training relevant to residents needs such autism awareness and epilepsy care.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place with clear lines of accountability within the centre and ensured the delivery of good quality care and support that was monitored and evaluated. However, the inspector found that some systems such as audits for the designated centre had gaps due to the governance arrangements in place in the designated centre from 25th of March 2024 until the appointment of a person in charge on the 17th of June 2024. The inspector noted gaps in audits such as medication and infection control. The inspector recognises that the person in charge and person in a position of management (PPIM) had developed a schedule for audits to improve the oversight of the centre.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in March 2023. The provider had also developed an easy read provider visit action report plan, which included a meeting with auditor of the report with residents to outline the actions identified within the six monthly visit. The annual review included feedback from residents and their representatives around the care and support provided in the designated centre.

There was evidence that the provider was regularly reviewing changing needs of residents within the designated centre and had implemented control measures and supports in order to further enhance residents lived experience in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations and the inspector found it had been placed under regular review.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had failed to give written notice to the office of the Chief Inspector of the absence of the person in charge which was longer than a period of 28 days.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.

The inspector observed that the complaints procedure was accessible to residents and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.The inspector spoke to residents in relation to complaints that had been made to the provider and found that residents were happy with the resolution of complaints and could give detail in relation to how the complaints were resolved.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all

complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector found areas of good practice in relation to a number of regulations, however improvements were noted to be required on the day of the inspection in relation to fire precautions and premises.

The inspector found the premises was designated and laid out in a manner which met residents' assessed needs. Residents were provided with communal and private space. Residents bedroom were designed in line with each residents personal taste and the inspector observed that a number of residents bedrooms had undergone redecoration. However, the inspector observed that two of the houses in the centre required interior and external painting. This had been identified by the provider, however the inspector observed that the schedule of works in place did not identify a time frame for the painting work with the provider making reference to the works completion in line with essential fire maintenance. The inspector was not provided with identified dates for the fire works with a planned proposal for September 2024 with no clarified date for the interior or external paint work.

While the provider had some arrangements in place to protect residents, staff and visitors from the risk of fire, a number of works remained outstanding on two of the houses in the designated centre in relation to fire doors and closures which had been identified by the provider. However, the inspector identified a number of gaps in documentation and systems that required review by the person in charge and provider in order to ensure that staff were fully aware of how to support residents in the event of a fire and to ensure that systems currently in place were effectively monitored.

The provider had taken measures to protect residents from abuse. There were up-to-date policies and procedures available in relation to safeguarding. All staff had completed safeguarding training. Intimate care plans were available on resident files.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

The provider had systems in place in relation to the identification, assessment and

management of risk. There was a system in place for reporting adverse events including a system for emergencies. There was a local risk register in place which was regularly updated.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications. Staff spoken to on the day were knowledgeable of each residents medication. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person. The person in charge and staff team were reviewing each residents positive behaviour support in line with identified changing needs in a timely manner. The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. The registered provider had ensured that residents had access to media sources and technology.

The provider had implemented a number of easy read documentation in the centre for residents for example, an easy read provider six monthly report and resident feedback information.

From a sample of five files viewed by the inspector, residents had a communication passport in place which provided information on their preferred communication style to include their likes and dislikes.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. The house was observed to be clean. The residents' personal spaces were decorated in accordance with their personal choice, this included personal photographs and personal items.

The provider had a schedule of works in place for minor repairs to the designated centre, however the inspector found that a number of the works remained outstanding on the day of the inspection. For example, the interior and exterior of two houses within the designated centre required painting.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which had been made accessible and contained information relating to the service. This information included the facilities available in the centre, the terms and conditions of residency, information on the running of the centre and the complaints procedure. It was evident that there was regular residents' meetings occurring weekly within the centre.

The inspector reviewed two of the residents meetings minutes from each of the houses in the designated centre which demonstrated that residents were given the opportunity to express their views and preferences and were provided with information relating to the running of their centre, their rights, facilitates available and how to access additional supports should they be dissatisfied with any aspect of their care and support.

Judgment: Compliant

Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre and was updated and reviewed on the 24th of June 2024.

The person in charge regularly reviewed risks presenting in the centre and in doing so effectively identified and highlighted those risks and ensured control and mitigation arrangements were in place to manage the risks. The inspector also

noted that staff were suitably informed of risks presenting in the centre and the control measures required to manage them.

The inspector found that the risk register and risk assessments for the designated centre were subject to quarterly reviews by the person in charge and took into account trending of any incidents that had occurred in the centre.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, use of the chair lift, IPC and emergency evacuation plans. Control measures to mitigate against these risks were proportionate to the level of risk presented. On the day of the inspection the person in charge had met with the providers fire safety officer in relation to a newly identified risk for one resident and the administration of oxygen as part of a changed support plan. The inspector found the person in charge and support team to be responsive and knowledgeable to the risk associated and had implemented appropriate control measure and utilised supports available to them.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had identified and put in place a schedule of works for the completion of fire works in two houses in the desiganted centre. The inspector noted that the provider had documented that the schedule of fire works was due to commence in September 2024 which included the fitting of appropriate fire doors and closing mechanisms.

The inspector carried out walk through of the designated centre which included a manual check of all fire doors, self closing devices and escape routes from the designated centre with the person in charge. The inspector identified that one final exit door to the side of one house could not be opened. The final exit door was fitted with a key and also had a break glass key in place, however the door could not be opened with the key as the door was jamming in the lock. The inspector also observed the door to be blocked by a number of household items including mops, bucket and a large quantity of paper towels. The inspector later reviewed the centres daily fire safety related inspection checklist and found that this final exit had been marked as "free from obstructions that might impede escape to a place of safety" and that "exit doors can be easily opened and closed". The person in charge contacted the providers maintenance department and the fire door was fixed and free from obstruction by the end of the inspection.

The inspector reviewed each residents Personal Emergency Evacuation Plan (PEEP) and found that greater information was required in order to ensure that staff working alongside residents were aware of the level of support required by each resident in the event of a fire evacuation. For example, the inspector reviewed an evacuation drill completed in one house of the designated centre on the 17th of Apil

2024 which noted that one resident required "a lot of persuasion to leave". The inspector found no detail in the resident PEEP as to how the staff should respond to this resident if they refuse to leave the building and what measures to put in place to ensure safety. Furthermore, the inspector reviewed a fire drill for the 28th of October 2023 which noted that a resident required "physical assistance" to safely evacuate the centre. The inspector found no evidence that this learning had been implemented into the residents PEEP. On discussion with staff the physical assistance required was guiding the resident to use a walking device to exit the building, this information was not highlighted into the resident PEEP. The inspector found that four residents PEEPS had not been reviewed on an annual basis or as changing needs had arisen or as highlighted from fire drills within the designated centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Residents had also been assessed to manage their own medicines This was reviewed regularly with residents in line with their preferences.

Staff spoken to on the day of inspection were found to be knowledgeable on medicine management procedures and on the reasons medicines were prescribed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, three positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included proactive and preventive strategies in order to reduce the risk of behaviours of concern from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best

practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were no restrictive practices used in this centre and the inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints free environment. The inspector observed residents to have access to all areas of their home throughout the course of the inspection.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern. In addition, all staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit. Furthermore, residents spoken to during the course of the inspection were aware of safeguarding plans that were in place in order to ensure safety within their home. One resident spoke to the inspector in detail about a safeguarding plan in place and how the provider and support staff had supported them during this time.

The inspector reviewed four preliminary screening forms and found that any incident, allegation or suspicion of abuse was appropriately investigated in line with national policy and best practice. Each of the plans had been recently closed due to successful control measures put in place to ensure residents safety.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines, experience new opportunities and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their everyday living plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents

voice was heard and respected. The inspector observed a number of communications and discussion between staff and residents which demonstrated that human rights and the Assisted Decision Making (Capacity) Act 2015 were regular topics of discussion and that the support staff were empowering residents to understand how changes will help their individual rights.
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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodcrest OSV-0003556

Inspection ID: MON-0043135

Date of inspection: 25/06/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A schedule of audits has been devised and the PIC will ensure that all are completed as per schedule.	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: All notifications will be submitted by the provider as set out in line with Regulation 32.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All outstanding works required to the premises in this centre will be completed inclusive of painting works to both exterior and interior.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire exits will be free from obstruction to ensure safe evacuation in the event of a fire. All daily fire safety checklist forms will be completed appropriately to ensure that it reflects practice. All Individuals PEEPS to be reviewed and updated to reflect safe evacuation process for all residents in the event of the fire.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2024
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	30/09/2024

Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/07/2024
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	31/12/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2024
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an	Not Compliant	Orange	25/06/2024

	emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).			