

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

Issued by the Chief Inspector

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| Name of designated centre: | Woodbine Lodge |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Cork |
| Type of inspection: | Unannounced |
| Date of inspection: | 15 March 2023 |
| Centre ID: | OSV-0005340 |
| Fieldwork ID: | MON-0035496 |

About the designated centre

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

Woodbine Lodge provides full-time residential support for up to five adults with diagnoses of intellectual disability, an acquired brain injury or a mental health condition. It is located in a rural setting close to Cork City. Woodbine Lodge is a two-storey house. The ground floor of the house comprises one bedroom, a bathroom, two living rooms, a large kitchen and dining room, and utility room. The ground floor is wheelchair accessible. There are three bedrooms, two with en-suite facilities, a bathroom, a staff office and a staff bedroom on the first floor. There is a self-contained, one-bedroom apartment on the ground floor with separate access. As well as a bedroom, it has an ensuite bathroom and a kitchen, dining and living room. Residents are supported by a team of social care workers and assistant care workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------------------|-------------------------|------------------|------|
| Wednesday 15 March 2023 | 09:00hrs to 19:00hrs | Caitriona Twomey | Lead |

What residents told us and what inspectors observed

Woodbine Lodge provides full-time residential support for up to five residents with diagnoses of intellectual disability, an acquired brain injury, or a mental health condition. It is located in a rural setting, close to a large suburb of Cork City. The designated centre is a two-storey dormer bungalow which has a single-occupancy, self-contained apartment with separate access on the ground floor. The ground floor of the house comprises one bedroom, a bathroom, two living rooms, a large kitchen and dining room, and utility room. Upstairs there are three bedrooms (two with ensuite bathrooms), a bathroom, a staff office, and a staff bedroom. The apartment has one bedroom, a bathroom, and a kitchen, dining and living room. It also has its own enclosed garden.

This was an unannounced inspection. On arrival the inspector was greeted by a member of the management team. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. The person in charge arrived shortly afterwards and facilitated this inspection. On the day of this inspection there were four residents living in the centre. The inspector had an opportunity to spend some time with each of them.

The inspector was accompanied as they walked around the designated centre. Management advised that works were planned in some areas of the house, as well as in the garden. During this inspection, some radiators were replaced. Overall the centre was observed to be clean and homely. Staff and residents were seen cleaning during the inspection. There was a large, well-equipped kitchen and dining room. There were some damaged surfaces observed in this area. These included the counter, and some kitchen shelves and units. Management were aware of these issues and advised that the provider was currently in contact with the owner of the house to arrange for repair or replacements. The seals on the external kitchen door were also damaged, and flooring throughout the house was worn in places. The downstairs bedroom was vacant at the time of this inspection and was being used for storage. A complete renovation was planned of the downstairs bathroom. This was due to start in the month following this inspection. The inspector saw damaged tiles and a sink unit in this room. They were informed that due to the current vacancy, this bathroom was primarily used by staff. There were two living rooms downstairs, one was larger than the other. The larger room had two comfortable couches, a table tennis table, and a wall-mounted television. Other games and activities, including a dartboard, were also available in this room. The inspector was informed that one resident was a very talented table tennis player and they enjoyed practicing, and playing others in this room. The smaller living room also had a television and a couch, as well as an exercise bike. Upstairs was the staff office, staff bedroom, and three residents' bedrooms. The staff, and two of the residents' bedrooms had ensuite bathroom facilities. The main bathroom was used by one resident only. The inspector saw two bedrooms. These had been personalised to reflect each resident's interests. Photographs and residents' preferred items were on

display. One resident had recently created a gaming area in their bedroom with a couch, television and console. Some areas requiring maintenance were identified in each room, and one fire door required review.

The inspector also visited the single-occupancy apartment. This was decorated in a homely and modern style. There were lots of photographs on display of the important people in the resident's life. The apartment was compact and laid out to meet the resident's needs. The environment had been adapted to ensure that it was safe for the resident who lived there. The apartment had its own well-maintained enclosed garden. There was also a garden area available to the residents living in the house. The person in charge outlined planned works to this area. The inspector saw that there were two cars in the centre. These facilitated community-based activities and family visits in line with residents' wishes.

There had been a change to the group of residents living in the centre since it was last inspected, on behalf of the Chief Inspector of Social Services, in August 2021. While two residents remained the same, two had moved from other centres operated by the provider. Not long after they arrived, the inspector briefly met with two residents in the kitchen area. They were engaged in their usual day-to-day activities and were due to leave shortly to go out with staff. One resident spoke briefly with the inspector about where they wished to go, advising where, in their opinion, had the best coffee. These residents appeared to get on well and were reported to often go walking together.

The inspector was told that one resident wished to move to Dublin. This was documented in their personal plan, and had been referred to the provider's admissions, discharge, and transfer committee. This resident was not from Ireland originally and they felt that they would have more opportunity to meet with people who shared their language and heritage in a bigger city. In the course of the inspection, the inspector saw evidence that the staff team had made, and continued to make, many attempts to support this resident to maintain links with their language and culture. These included employing staff who spoke the same language, contacting local community groups, supporting the resident to attend religious services every fortnight, increasing the amount of time that they met with a translator (this support was always, and continued to be, provided for medical appointments), and supporting them to access legal services from a practitioner who spoke their first language. Despite these efforts the resident still wished to live elsewhere. The inspector very briefly met with this resident in the company of the person in charge. At this time they expressed a wish for more time with a translator. It was clarified by the person in charge that the resident wished to lodge this as a complaint. The inspector was advised that this resident preferred not to socialise with their peers. As a result they chose to spend a lot of time in their bedroom. They enjoyed going out with staff and also liked to be involved in some practical, household tasks such as grocery shopping. On the day of this inspection, a staff member went with this resident to a food market in Cork City where they chose the ingredients for their dinner that night.

The fourth resident lived in the single-occupancy apartment. It was explained that they also spent time in the house. The inspector was informed that this resident was

focusing on increasing their independence skills and hoped to return to living in their home country. Due to this resident's routine, the inspector did not meet with them until later in the afternoon. At this time they were happy to have a brief conversation, where they outlined that they were happy with their apartment, and enjoyed living in the centre. They spoke about the activities they were involved in, and the skills they were currently working on. The resident agreed to the inspector seeing their home. After this conversation they were supported by staff to visit a nearby shopping centre.

The inspector saw three of the residents in passing throughout the inspection. On each occasion, they appeared very much at ease in the centre and with the support provided to them. There was a warm atmosphere in the centre which felt very much like the residents' home. Staff appeared to know each of the residents, their support needs, and communication preferences well. All interactions observed and overheard were respectful, kind, and unhurried. Two staff worked in the centre in the mornings, three worked from 12:00 to 16:00, with two staff on duty after that time. At night there were two staff in the centre, one completed a sleepover shift, while the other remained awake.

As this inspection was not announced, feedback questionnaires for residents and their representatives had not been sent in advance of the inspection. The inspector did review the feedback received from residents and some of their relatives as part of the annual review process. This feedback was generally very positive with one resident's family expressing that had not thought that they would ever see their relative engaging in such a variety of activities again. Annual satisfaction surveys were also completed by residents and the sample read by the inspector were all positive.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also reviewed staff training records and the centre's statement of purpose. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare, and other support plans. The arrangements in place to protect residents' from infection, and medication management practices were also reviewed. The inspector's findings will be outlined in more detail in the remainder of this report.

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 to each resident living in the centre.

Capacity and capability

Overall, good management practices were seen, the provider adequately resourced and staffed the service, and it collected information in order to improve the quality of life of residents. Management systems ensured that all audits and reviews as required by the regulations were being conducted.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Support staff reported to two deputy team leaders, who reported to the person in charge. The person in charge reported to a senior manager who was based locally and visited the centre on the day of this inspection.

The person in charge was appointed to the role in November 2022. They held the necessary skills, qualifications and experience to carry out the role. Throughout the inspection they demonstrated that they were knowledgeable about the residents' assessed needs and the day-to-day management of the centre. They worked in this centre only, were fully supernumerary, and worked from Monday to Friday. The deputy team leaders typically worked opposite shifts to each other. This consistent management presence in the centre provided all staff with opportunities for management supervision and support.

The person in charge advised the inspector that they spoke with their line manager very regularly, and they met in person at least twice a month. As well as management support, the provider also delivered clinical supervision to the person in charge. There was a supervision schedule in place for all staff. Staff meetings took place monthly in the centre and were facilitated by the person in charge. The inspector reviewed a sample of staff meeting minutes. There was a standard agenda in place, as well as an individual agenda for each resident to be discussed. Topics referenced the day-to-day management of the centre, and both the needs of residents and the staff team. Residents' goals and recent achievements were also discussed. Regular staff meetings and consistent management presence in the centre provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in December 2022 and involved consultation with residents and their representatives, as is required by the regulations. An unannounced visit had taken place in February and again in August 2022. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed. There were a number of other audit and oversight systems implemented in the centre. While these were effective for the most part, some findings of this inspection, for example relating to medication management, had been overlooked on these systems.

A review of training records indicated that the staff team had recently attended training in the areas identified as mandatory in the regulations. Some staff had also completed additional training related to the profiles of the current residents, for

example intercultural awareness training.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the admission criteria to the centre were clearly outlined and to include additional information regarding the emergency procedures in the centre. This was completed during the inspection.

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of training in the centre. All staff had recently attended the trainings identified as mandatory in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the supports provided were safe and appropriate to residents' needs, and the management structure ensured clear lines of authority and accountability. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. The provider had sufficiently

resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations. There was evidence that where issues had been identified, actions were completed to address these matters. It was identified that some of the audit systems in place had failed to identify some of the areas highlighted in this inspection, for example in the area of medication management and the recommended follow-up with a health and social care professional.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written service agreements in place, however the costs associated with staying in the centre were not clear in these documents. Some of the agreements seen also referenced previous management personnel.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the admission criteria to the centre were clearly outlined, and to include the emergency procedures to be followed should the centre become uninhabitable. These points were addressed during the inspection.

Judgment: Compliant

Quality and safety

Residents living in this centre received a service tailored to their individual needs. A review of documentation and the inspector's observations while in the centre indicated that residents' rights, wellbeing and independence were promoted.

Residents had a wide variety of interests which they were encouraged to pursue. As outlined in the opening section, one resident was a table tennis champion who attended training weekly, and another had recently personalised their bedroom to set up a gaming area. One resident was a musician and had recently recorded a song they had written. They also attended music therapy weekly. Another resident enjoyed browsing in the shops and second-hand markets. One resident had

expressed an interest in online learning, and had completed a training course in an area of health and safety. They used this knowledge to support staff when completing some of their regular premises checks. Another resident had become involved with the local tidy towns group. The provider operated an activity-based day service in a local area. Some residents chose to participate in activities that interested them, such as bowling, swimming, and horse riding. All residents were also encouraged to be involved in day-to-day activities, for example, laundry, cleaning, and cooking.

Contact with friends and family was very important to many residents in the centre and this was supported by the staff team. Visitors were welcome in the centre and staff also supported residents to regularly visit family members in their homes. Residents living in the centre had access to the internet, and had their own mobile phones. It was a current goal for one resident to spend some time with a former housemate.

Residents were supported and encouraged to exercise their rights. As outlined in the opening section, staff had supported one resident to access the legal services of someone who spoke the same language as them. This removed a significant barrier in ensuring they could exercise their civil and legal rights. Management also spoke with the inspector about ongoing work to support another resident to get their own debit card. The resident's, and staff's, efforts with a financial institution had been unsuccessful to date. Management advised that the next step was to engage with advocacy services on this matter. Throughout the inspection the inspector saw a number of documents that had an accompanying accessible version (some in two languages) to support residents' awareness and understanding of their contents. These included the centre's statement of purpose, the annual review, and information regarding COVID-19, vaccines, and healthy lifestyle choices. Residents' rights were a frequent topic in keyworker and residents' meetings.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents. Information was available regarding residents' interests, likes and dislikes, aspirations, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as behaviour support plans. Residents who required one, had a behaviour support plan in place. These plans were comprehensive and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. An annual, multidisciplinary review of each personal plan was completed, as is required by the regulations.

Residents' healthcare needs were well met in the centre. However, some areas for improvement were identified, mostly related to documentation. Residents had an annual healthcare assessment. Where a healthcare need had been identified, a corresponding healthcare plan was in place. There was evidence of input from, and regular appointments with, medical practitioners including dentists and specialist consultants as required. Each resident had their own general practitioner (GP), and if required, received input from a psychiatrist employed by the provider. There was also evidence of input from other allied health professionals such as occupational

therapists, speech and language therapists, and dietitians. It was stated in a dietitian report dated March 2022, that a follow-up be arranged for one resident in six months' time. One year later, there was no evidence that this had taken place. Management advised that this had not been flagged on their own audit system.

Staff completed records in advance of, and following, healthcare appointments. When residents' files were reviewed by the inspector it was found that the post-appointment records were not always available. It was therefore not always clear what the outcome of an appointment was, or what recommendations had been made, if any. A summary document had been developed for each resident to be brought with them should they require a hospital admission. It was not documented when these were last reviewed. One did not appear to have been reviewed since 2018, and another referenced a resident's former home rather than this designated centre.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve each month. These goals were personal to the residents and reflected their interests and what was important to them. The monthly review records for one resident were not available on the day of inspection. Of the sample reviewed, there was evidence that residents were being supported to progress with, and achieve, their goals.

The inspector reviewed the medication management processes in place in the centre. The inspector observed two staff preparing to administer medicines on two separate occasions during the inspection. Staff took their time when completing this activity and referenced all of the required documentation, in line with the provider's policy. The person in charge went through some of the medication management systems in place. Medicines were stored in a secure, dedicated area of one room, with six separate designated storage spaces. Most residents' medicines were provided by the pharmacy in blister packs. Other medicines, which could not be stored in this manner, or were not routinely administered, were kept beside these packs in each resident's designated storage area. These were counted nightly. A secure medication fridge was available and the temperature was monitored daily. The inspector looked at a sample of residents' medicines. The majority of these were stored in line with the provider's policy and were clearly labelled with the required information. It was identified that the date opened was not noted on one topical medicine. This was not in keeping with provider's policy. The inspector was informed that on receipt of medicines two staff completed a specific checklist to ensure that there were no errors, and to accurately record what was received. Records reviewed indicated that this system was implemented as outlined. Some residents were prescribed PRN medicines. These are medicines to be taken only as the need arises. A weekly check of these medicines, using a document template, was completed. It was identified that there were two errors on the most recent stocktake, one medicine had been omitted, and the receipt of another medicine that week had not been recorded.

As outlined previously, the centre was observed to be clean. A colour coded cleaning system was in place where different coloured equipment was to be used to clean

specific areas of the centre so as to prevent cross contamination. Information was available regarding this system. A number of damaged surfaces were observed in the house, as a result it would not be possible to clean them effectively. These included parts of the kitchen, the downstairs bathroom, and flooring throughout the centre. Records indicated that staff had completed training in infection prevention and control (IPC), including hand hygiene. Supplies of personal protective equipment were available. Maintenance workers who visited the centre on the day of inspection were asked to wear face masks, in line with the provider's own policy. The person in charge had completed an assessment to provide assurance of the centre's preparedness planning and IPC measures. There was evidence that this was regularly reviewed, most recently in the two weeks prior to this inspection. There was a contingency plan, and a separate outbreak management plan, to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection. Individualised procedures for each resident had also been developed. Although comprehensive, some minor amendments were required to ensure that the requirements regarding notifying an outbreak were up-to-date, and to clearly outline the zones referenced in the plan.

Regulation 11: Visits

Residents were free to receive visitors and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests, and wishes. Residents who expressed an interest in education, training, and employment were supported to achieve these goals.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the service and the number and assessed needs of residents. Rooms were of a suitable size and layout and included suitable storage arrangements. Overall, the centre was observed to be clean. Repair and maintenance were required in the designated centre to ensure that it was kept in a good state of repair. These works were

planned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The kitchen was well-organised and well-stocked with fresh and frozen, nutritious food. There was evidence that choices were offered at mealtimes and that staff had a good knowledge of residents' food preferences and any dietary needs. Residents were encouraged and supported to be involved in grocery shopping and meal preparation.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan specific to the residents and the layout of this centre was in place. This required some review to clearly outline the zones referenced in the plan and to reflect current reporting requirements. The staff team had completed training in infection prevention and control, including hand hygiene. The centre was observed to be clean. However, there were damaged surfaces evident which therefore could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not inspected in full. When in the centre, the inspector observed holes in a fire door where the handle had been changed. This required review by a competent person to ensure that it would still function as effective containment measure, if required in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had practices in place relating to the ordering, prescribing, storage, disposal and administration of medicines in the centre. Some improvements were required to ensure that, in line with the provider's own policy, the dates medicines were opened was consistently recorded. Clarity was required regarding the use of medicines in response to behaviours of concern.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Despite the ongoing efforts of management and staff working in the centre, it was evident that this designated centre was not suitable for the purposes of meeting the needs of one resident who chose to not to engage with their peers and had requested to live elsewhere. The provider was engaging with this resident regarding a possible transfer. An assessment of the health, personal, and social care needs had been completed for each resident. On review, it was identified that not all documents had been updated to reflect changes in resident's circumstances. Comprehensive personal plans were in place. An annual review, involving multidisciplinary professionals, had taken place in recent months. There was evidence that residents were being supported to achieve their personal development goals.

Judgment: Substantially compliant

Regulation 6: Health care

The resident's healthcare needs were well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals as required. It was identified in a report that one resident was due for a review with a health and social care professional in September 2022. There was no evidence that this review had taken place or was scheduled.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who required one had a recently reviewed behaviour support plan in place. There was evidence that assessment was ongoing. Management displayed a commitment towards reducing the use of restrictive practices in the centre. Clarity was required regarding the use of medicines in response to behaviours of concern.

Documentation available did not indicate if the use of these medicines was a chemical restraint, or not. This has been addressed under Regulation 29.

Judgment: Compliant

Regulation 8: Protection

There was evidence that the actions outlined in current safeguarding plans had been implemented. There was also evidence of input from the provider's designated officer. All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding was discussed regularly at residents' meetings to increase residents' awareness and to support them to develop the skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents received a service tailored to their individual needs and preferences. They were encouraged and supported to exercise choice and control while living in the centre. Residents' meetings took place regularly. Opportunities for residents to exert choice and control were encouraged and regularly provided, as was their involvement in the running of the centre.

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 | |
| Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities | Compliant |
| Regulation 14: Persons in charge | 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 |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Woodbine Lodge OSV-0005340

Inspection ID: MON-0035496

Date of inspection: 15/03/2023

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 |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The PIC shall continue to review and monitor medication audit systems in place as per the Centre's policy and procedure [PL-C-010] on Safe Administration of Medication to ensure all information is correct and up to date. 2. The PIC shall conduct a review of all data in regards to residents health needs in line with Centre's policy and procedure [PL-C-009] on Diet and Nutrition and ensure all recommendations are implemented, where required. 3. The above points will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 30 May 2023. | |
| 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:</p> <ol style="list-style-type: none"> 1. The PIC will review individual Contract of Provision of Services for all Service Users to ensure they are to date and reference the current management personnel, where required. 2. The PIC will ensure educational key working sessions, regarding the updated contract of provision of service, services to be provided and where applicable to ensure they are | |

| | |
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| aware and understand information contained within. | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. The PIC to ensure that all planned maintenance works identified during inspection are completed. Identified date for completion of all planned works is due on 31 May 2023.</p> | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. The PIC shall conduct a review of Risk Assessments and Standard Operating Procedures in line with Centre's policies and procedures [PL-C-031] on Infection Control and [PL-C 034] Infection Control Guidance for COVID-19 & Influenza in Residential Care Facilities. The PIC will ensure that documentation is updated to reflect current government guidelines and reporting requirements. Clarification on contamination zones identified within the plans will be provided.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. The PIC will ensure that required maintenance is carried out on Service User's fire doors to ensure that all fire safety equipment is fit for purpose in line with Centre's Policy and Procedure on Fire Safety [PL-H&S-002]. This was completed on 17 March 2023</p> <p>The PIC shall ensure that all means of fire safety systems and fire drills are completed in line with Centre's Policy and Procedure on Fire Safety [PL-H&S-002].</p> | |

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. The PIC shall continue to review and monitor medication audit systems in place as per the Centre's policy and procedure [PL-C-010] on Safe Administration of Medication to ensure all information is correct and up to date. 2. The above points will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 30 May 2023. | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The PIC shall continue to engage with the relevant pathways as per Centre's policies and procedures [PL-ADT-001] on Admissions, Discharges and Transitions of Service Users regarding one individual who wishes to live elsewhere. An Initial Needs Assessment was completed with this resident prior to inspection on 28 November 2022 and outcome shared to relevant parties. This is scheduled for review in July 2023. 2. The PIC shall ensure that Service Users personal plans are reviewed and maintained annually or as required where a change of need or circumstance has occurred and ensure that all information is correct and up to date. 3. The PIC will ensure that updates to Personal Plans are communicated to staff teams and discussed as part of the next monthly team meeting to promote a consistent approach in the provision of care to all residents. | |
| Regulation 6: Health care | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none"> 1. The PIC shall conduct a review of all data in regards to Service Users health needs in line with Centre's policy and procedure [PL-C-009] on Diet and Nutrition and ensure all recommendations are implemented, where required. | |

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 | 31/05/2023 |
| 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 | 30/06/2023 |
| Regulation 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the | Substantially Compliant | Yellow | 14/05/2023 |

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| | designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | | | |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 25/05/2023 |
| 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. | Substantially Compliant | Yellow | 17/03/2023 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/05/2023 |
| Regulation 29(4)(a) | The person in charge shall ensure that the designated centre has appropriate | Substantially Compliant | Yellow | 31/05/2023 |

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| | and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. | | | |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 31/05/2023 |
| Regulation 05(3) | The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 05(6)(d) | The person in charge shall ensure that the | Substantially Compliant | Yellow | 20/05/2023 |

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| | personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | | | |
| Regulation 06(2)(d) | The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive. | Substantially Compliant | Yellow | 30/06/2023 |