



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

Issued by the Chief Inspector

Name of designated centre:	Willow Lodge Respite Care Service
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	23 May 2023
Centre ID:	OSV-0007858
Fieldwork ID:	MON-0031069

About the designated centre

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

Willow lodge provides a respite service for up-to-four residents with physical and learning disabilities. Respite care is offered on a planned basis and emergency respite can be offered following an initial assessment of need as detailed in the centre's statement of purpose. Each resident had their own bedroom for the duration of their stay and the centre is adapted to meet the needs of residents with reduced mobility. Residents are supported by two staff members during the day and one waking staff and one sleep-over staff support residents during night time hours. The service is generally offered from Monday-to-Friday, but it is also operational for one weekend in the month. The centre is located in rural setting, within a short drive of a local town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Tuesday 23 May 2023	10:00hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection for the registration renewal of this centre as required by the regulations. In preparation for the inspection, the inspector contacted the person in charge and discussed the arrangements for the day due to the residents' assessed needs. The inspector sent on the service user friendly document called "nice to meet you" to assist the staff in advising residents of the planned visit. Overall, the inspector found that this was a centre that very much ensured the resident's received the care and support they required but also had a meaningful person centred service delivered to them.

From speaking with the person in charge and staff it was clear that many measures were in place to care and support residents as per their assessed needs while also ensuring that they benefited from a quality of life. It was also evident that the person in charge and staff helped the residents on a daily basis to understand and manage their schedule effectively, through a person centred approach and with the use of communication tools available in the centre, which included photos, gestures and objects of reference. Residents received weekly and daily meetings to discuss and plan their events and gather their views on the centre and everyday life, which reflected their choices and preferences. Staff engaged with residents in a warmly and comfortable manner throughout the inspection. The inspector also noted that from observation of the interaction between staff and one resident, residents were very clear on their choices and preferences at all times.

This centre comprised of one house which was located close to a small town in county Mayo and had good access to a wide range of facilities and amenities. The centre had one house which had a well-equipped kitchen and dining area, an office and staff sleepover facility, and laundry facilities. All residents had their own bedroom with access to two facilities. The inspector noted that each house was suitably decorated throughout and reflected the residents choice, preferences and activities they enjoyed. Furthermore, the inspector saw and noted that actions for the previous inspection had been addressed satisfactorily.

There were were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to ensure that residents' support needs were met. There were sufficient staff on duty during the day and night to ensure all residents were supported as per their individual plans. In addition, staff were observed providing individualised supports for residents on the day of inspection.

Two residents were observed by the inspector preparing to attend day activities and planned outings for a period of time during the day, as part of their respite break. The third resident enjoyed a sleep in and was supported by staff to prepare for their

day of planned activities. These residents were relaxed and smiling while they prepared for their outing. During the day residents in the centre were observed engaging with staff and interacting in the centre, whilst some were completing their breakfast. The atmosphere was very relaxed, calm and fun filled during this time. One resident enjoyed testing the inspector and was smiling and laughing though out this interaction before heading out as said for a planned day out.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included photographs to identify staff on duty and clear pictorial information. At a staff meeting staff had discussed dining experience for residents. The preparation of meals for residents included individual meal preparation based on their food preferences. This was to ensure that each resident had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean spacious, suitably furnished and decorated and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour themes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms,

Residents had their own bedrooms when they attended for respite, which were comfortably decorated, furnished and person centred. Residents' bedrooms were suitably decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of the house there was a spacious garden area to suit the needs of all residents and to support their enjoyment of this outdoor space. There was adequate space internally and externally for residents to interact or spend time alone in this centre.

In summary, the inspector found residents' safety and welfare was paramount. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported and encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

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 the quality and safety of the service being delivered.

Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan for 2023 had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control compliance, and restrictive practice. The required audits had been completed to date. The provider was aware of the requirement to complete unannounced audits on behalf of the provider twice each year, and these processes were in place and completed. Two unannounced audits had taken place in 2022-2023, and the provider had identified areas of good practice and areas for improvement, such as activity sampling. The annual review of the service was completed and due for an update this year. The inspector noted that it identified areas of good practice, areas for improvement and actions were identified at the end of the report with persons responsible for completing the actions.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. The person in charge knew the resident and their support needs. The person in charge worked closely with staff and the wider management team. Regular management meetings took place, which were attended by the person in charge and the management team and the person in charge kept the regional services manager aware of service needs or issues. The person in charge held monthly team meetings with the staff in the centre at which a range of information was shared and discussed such as care planning, health and safety, risk management, policies and procedures, and notifications. In addition, The inspector noted that staff adhered to a cleaning schedule in place and ensured that all jobs were completed and recorded at the time of inspection. The inspector noted that the person in charge also reviewed and monitored these records and had an audit schedule in place to guide their practice.

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the resident who lived in this centre.

There were sufficient staff rostered for duty to support the resident's assessed needs. There were adequate staffing arrangements in place which enabled the residents to take part in the activities that they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. The staff team supporting the resident had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's

supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning.

There was an effective complaints procedure that was accessible to the resident. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. Staff spoken with were clear that if the resident was unhappy or had an issue they would clearly indicate their annoyance and if it was not addressed this would result in a behavioural issue as outlined in the behaviour support plan. There were no active complaints at the time of this inspection.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard and provided the resident with a good quality of care.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. In addition, the inspector noted that the person in charge also planned the staffing around the specific residents support requirements when attending for respite. For example, where a resident chose an alternative individualised activity this was supported and there were no limitations evident.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised. In addition, the person in charge had completed a training needs analysis and ensured that additional needs were supported appropriately when they attended for respite. For example, where a resident required certain types of breathing support this training was provided for all staff.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information as specified in the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place and all actions from the previous inspection had been satisfactorily addressed. This included two unannounced audits as well as the organisation's audits to monitor the service and systems in place in the centre. These audits included action plans and areas for improvement, which showed if they were completed or in progress. The audit schedule included finance, health and safety, hygiene practices, documentation reviews and medication management.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been submitted to HIQA within the required time frames. The inspector found that on review of documentation there was no outstanding documentation at the time of the inspection.

Judgment: Compliant

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

The provider was aware of the requirement to notify HIQA of periods of absence of the person in charge. No absences were anticipated.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Appropriate arrangements were available in the event of an absence of the person in charge.

Judgment: Compliant

Quality and safety

There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle and to receive a good level of care and support as per their assessed needs.

The provider had ensured that each resident had a person centred individualised programme in place which provided access to recreation, meaningful day-to-day activities. Residents enjoyed activities such as, table top activities, drawing and enjoying walks in scenic areas as well as day service and individualised activities for some residents. Residents also enjoyed short walks in local areas of interest, eating out and beverages in local places of interest. Some of the residents also had a good family support system and was supported with goals or appointments by family members, who engage with staff regularly to ensure the resident was receiving relevant and appropriate care.

The provider and person in charge were also ensuring consistency for residents as this was paramount to maintaining residents wellness and ensuring a person centred programme was in place and they had regular access to their local community. In addition, the inspector reviewed the induction documentation to guide all staff in their practice and the inspector found it was very detailed and clearly outlined how the residents liked to be supported during the day and programmes in place.

The systems for the protection the residents from abuse were satisfactory in all areas in the centre. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer in the region. The provider had systems in place to ensure that this resident was were safe fro all risks. These included a risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and were reviewed frequently by the person in charge and management team.

Residents had a communication assessment in place which was monitored and reviewed by their keyworker and the person in charge. This was detailed, showed the residents' likes and dislikes and their preferred communication style.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that residents could freely access their local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were facilitated in the centre aimed to promote residents' welfare and wellbeing. In addition, the inspector observed staff interacting with the resident in a kind and respectful manner and daily notes which were reviewed indicated that the best interests of residents was to the forefront of care.

Overall, the inspector found that residents were well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice. Examples evident in the centre included, photographs, visual aids, and terms of reference. The inspector also noted that all information such as the centre booklet was available in a service user friendly format.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a policy and procedure in place to guide staff in their practice. A record was kept of residents' personal possessions and valuables when they arrived for their respite breaks, and these were rechecked prior to leaving.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development. A recent admission to the centre was observed completing their morning routine with support from staff, whilst preparing to access the community and complete planned activities as agreed on admission. This included going to their local town and accessing the shops, coffee shops, with plans to enjoy a lunch out.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Information was made available to residents in a format accessible to them. During the inspection, the inspector observed a resident making and preparing their breakfast before preparing for a trip out with staff.

Judgment: Compliant

Regulation 20: Information for residents

The provider had suitable and accessible information available for all residents in the centre. The residents guide had all of the required information as specified in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.
Judgment: Compliant
Regulation 27: Protection against infection
Effective infection prevention and control measures were in place, in accordance with current public health guidelines. Actions required from the previous inspection were reviewed and addressed.
Judgment: Compliant
Regulation 28: Fire precautions
Adequate precautions had been taken against the risk of fire. In addition, all residents attending the centre were reviewed and monitored to ensure they were able to evacuate safely as noted in the fire drills completed. The person in charge had also ensured that all staff on each shift had completed a fire drill as a learning process to enable any issues to be corrected.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Structures and procedures were in place to ensure the safe management of medications when residents attended the centre for respite breaks.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate systems were in place to respond to behaviours of concern. Residents care plans showed if a behaviour support guidelines were in place which ensured that all staff were guided in their practice.
Judgment: Compliant

Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected, for example a resident who attended for respite was supported to engage in their clothing theme during the day as an activity.

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 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant