



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

Issued by the Chief Inspector

Name of designated centre:	Willow Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 March 2024
Centre ID:	OSV-0008258
Fieldwork ID:	MON-0042606

About the designated centre

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

Willow Lodge provides full-time residential care for up to five adult residents. It provides high support and or shared care service for residents with intellectual disability, autism, physical or sensory disabilities. The centre is located in a quiet area, a short distance from a village in county Kildare. The centre is a five bedroomed, two-storey house on its own grounds. It contains a kitchen come dining room and living room area, a large sitting room, a recreational room, an en suite bathroom, two shared bathrooms upstairs and a down stairs toilet. There is a large secured back garden for residents use. The staff team employed includes a person in charge, a team leader, senior support workers and support workers and assistant support workers.

The following information outlines some additional data on this centre.

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 6 March 2024	09:30hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what the inspector of social services observed, read and was told, this was a well-run centre where residents were enjoying a good quality of life. They were supported to make decisions in relation to their day-to-day lives and to take part in activities they enjoyed. The provider was self-identifying areas where improvements were required and taking action to bring these about in a timely manner. In line with the findings of the provider's own audits and reviews there were a number of areas of the premises where maintenance and repairs were required. This will be discussed further later in the report. The provider responded appropriately and in a timely manner when the inspector brought it to their attention that there was a small crack in one of the fire doors in the centre.

The designated centre provides full time residential care and support for up to five residents with an intellectual disability close to a small town in County Kildare. There were four residents living in the centre at the time of the inspection and the inspector had the opportunity to meet and briefly engage with each of them during the inspection.

The centre is a large two-storey house which has five bedrooms. It has a small garden to the front, and a large garden to the back of the house. There is a large kitchen with a seating area, a sun room with dining facilities, two sitting rooms, a large utility, two shared bathrooms and a downstairs bathroom, five resident bedrooms one of which has an en suite, and a staff office. There is outdoor seating and equipment such as a trampoline and a basketball net. There is also a number of planters with seeds which residents had just planted.

There was a warm and welcoming atmosphere in the house. Residents' bedrooms were decorated and arranged in a way that suited them. They had their personal items on display and had plenty of storage for their personal belongings. Communal areas were bright and airy. The staff team were working with one resident and the relevant healthcare professionals to ensure that the environment suited them.

When the inspector arrived residents were spending their time in their home relaxing or engaging with staff. They were spending time in communal areas or in their bedrooms. They were observed using speech and gestures to communicate their wishes. Staff were observed to be very familiar with their communication preferences and to pick up and respond to their verbal and non-verbal cues. Residents were observed to be comfortable in their home and to be content in the company of staff. Some residents told the inspector they were happy, and some used hand gestures such as a thumbs up to indicate this. Throughout the inspection, kind, caring, warm and respectful interactions were observed between residents and staff.

One resident was having a lie-on when the inspector arrived and later they got up and chose to go out and about in the community with staff. Another resident was

gone to day services for the morning and appeared content and happy on their return to the centre in the afternoon. The other resident spent the morning relaxing and spending time with staff before they went out to their local community with staff. There were two vehicles in the centre to support residents to access appointments and activities. Residents were supported to stay in contact with the important people in their lives and were visiting and being visited by them regularly. One resident was supported by staff to visit their family member during the inspection and they had a big smile on their face as they told the inspector where they were going on the bus with staff.

Residents were engaging in a range of activities such as attending day services, taking part in sporting events, swimming, horse riding, going to health spas, taking part in the upkeep of their home, and going for long walks in their locality. There were arts and crafts supplies, board games, indoor and outdoor sporting equipment, gaming consoles, and tablet computers available for residents. They could take part in cooking and baking if they wished to, and staff spoke about how much one of the residents enjoyed this. Residents could also take part in the upkeep of their home and had facilities to do their laundry if they wished to.

Residents and their representatives views were sought by the provider on an ongoing basis and their views were captured as part of the provider's annual and six monthly reviews in the centre. The inspector reviewed some recently completed family questionnaires which were complimentary towards care and support in the centre. They were complimentary towards residents' safety, the house, staff support, and residents' access to activities.

Residents could access information on complaints, accessing independent advocacy services, infection prevention and control and residents' rights in the an easy-to-read format. Social stories were developed as required and residents were meeting with their key workers to develop goals relating to personal development and activities. Staff had completed human rights training and the impact of this on the lived experience of residents will be discussed further under Regulation 16.

In summary, residents were keeping busy and had things to look forward to. They were being supported by a number of committed and motivated staff. The provider was aware of the areas where improvements were required in relation to the premises and took the required steps to replace a fire door.

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

Capacity and capability

Overall, the findings of this unannounced risk-based inspection were that the provider's systems to monitor the quality and safety of care and support were being

utilised effectively in this centre. The inspection was completed to follow up on an trend of 3-day notifications relating to allegations or suspicions of abuse and injuries to residents requiring medical treatment. The inspector found that the provider was aware of areas where improvements were required, particularly relating to the premises and were implementing the required actions to bring these about. There was a clear focus on quality improvement and moving beyond compliance in this centre.

There were clearly defined management structures and staff were aware of the lines of authority and accountability. The person in charge was supported by a team leader. They were also supported by an area director and director of social care. There was an on-call manager available to residents and staff out-of-hours.

The provider had systems to monitor the quality and safety of service provided for residents. These included audits, unannounced provider audits every six months, and an annual review. During the six-monthly and annual reviews residents' views were captured and recorded. The provider had developed policies, procedures and guidelines to guide staff practice.

Staff who spoke with the inspector were motivated to ensure residents were happy and safe in their homes. They spoke about the supports that were in place to ensure they were carrying out their roles and responsibilities to the best of their abilities. These included supervision with their managers, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

A person in charge had been appointed by the registered provider who had the qualifications, skills and experience to fulfill the requirements of the regulations. They were also identified as person in charge of another centre and had systems to ensure they were present in this centre regularly and fully engaged in the governance, operational management and administration of this centre. They were familiar with residents care and support needs and motivated to ensure they felt happy and safe in the centre, and that they were regularly engaging in activities they found meaningful.

Judgment: Compliant

Regulation 15: Staffing

There were planned and actual rosters and they were well maintained. There were enough staff employed in the centre to meet the assessed needs of residents. The inspector observed residents receive assistance and support in a timely and respectful manner throughout the inspection. Residents were observed to seek staff

out for support, and staff were observed to respond appropriately.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training which had been identified as necessary to carry out their roles and responsibilities. In addition they had completed a number of additional trainings in line with residents' assessed needs.

A number of staff had completed training in a human-rights based approach in health and social care. The inspector spoke with two managers about the impact of this training. They spoke about noticing an increase in the development of social stories to support residents to plan their day and make choices, a renewed focus by key workers on supporting residents to develop and maintain their independence skills, and a renewed focus by key workers to support residents to identify activities residents enjoy and find meaningful.

Staff were in receipt of regular formal supervision to ensure they were carrying out their roles and responsibilities to the best of their abilities. Staff meetings were held regularly and staff could add to the agenda if they wished to.

Judgment: Compliant

Regulation 22: Insurance

The centre was insured against accidents or injury to residents and for risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The management structure in the centre was clearly defined, and identified lines of authority and accountability among the team. The provider's systems for monitoring the quality and safety of care and support for residents were being utilised effectively. The local management team were completing regular audits, were reviewing incidents, trending and sharing learning with the staff team. The provider had completed an annual review and six-monthly unannounced visits in line with regulatory requirements. The had a system for tracking actions developed as part of their audits and reviews. The actions taken were bringing about improvements in

relation to residents' care and support and their home.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose available in the centre and it contained the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the centre and the Chief Inspector of Social Services was notified of the occurrence of incidents in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported and encouraged to engage in activities of their choosing. Residents appeared comfortable and content in their home. As previously mentioned some maintenance and repair works were needed and these will be discussed further under Regulation 17.

The inspector reviewed residents' assessments and a sample of residents' personal plans and found that they positively described residents' needs, likes, dislikes and preferences. The personal plans described residents' communication and behaviour support needs. Residents had access to the support of a behaviour support specialist and had a plan developed to guide staff practice in supporting them, where it was needed. Residents' healthcare needs were assessed and support plans were developed and reviewed as required. They had access to health and social care professionals in line with their assessed needs.

The provider had a risk management policy in place which met regulatory requirements. There were risk management systems in place to ensure that risks were identified, assessed, managed and reviewed, including a system for responding to emergencies. Risk assessments were developed and reviewed as required. These identified control measures to minimise the impact of these risks. Where adverse

incidents occurred, they were documented and followed up on.

Staff had completed training in fire prevention and emergency procedures and residents were supported to become aware of fire safety procedures. Arrangements were in place to ensure that fire equipment and building services were maintained. Fire safety checks were completed regularly and this was recorded. Once it was identified that the integrity of a fire door may be affected by a small crack the provider immediately ordered a new one. While they were waiting to install it a risk assessment was completed which staff were made aware of. The fire door was closing satisfactorily so remained in place in line with the advice of their fire safety expert. The new fire door was installed a number of days after the inspection.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

Regulation 17: Premises

The premises were warm, clean and nicely decorated. The provider had identified that works were required to the premises. For example, there was damage to a counter top in the kitchen, damage and peeling of kicker boards in the kitchen and utility, repairs were required following a leak in the roof in the sun room, there was damage to a number of walls behind the closing mechanisms on doors, and painting was required in a number of areas. These had been reported and the inspector was informed that some of these works were due to be completed just after the inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents' guide which was available in the centre and contained the required information to meet regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. General and individual risk assessments

were developed and reviewed as required. There were systems in place to record incidents, accidents and near missed and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team. There were systems to respond to emergencies and to ensure the vehicles in the centre were roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

Staff had completed fire safety related training and residents had personal emergency evacuation plans which were reviewed and updated regularly. Fire drills were occurring regularly and the records of these were detailed in nature and clearly identified the supports residents required to safely evacuate. There were systems to ensure that fire equipment was serviced and maintained. However, there was a small crack in one of the fire doors which was not identified in a recent audit in the centre. The inspector was informed there had been an incident involving property damage since the audit. The person in charge arranged an immediate review of the fire door by the provider's fire safety expert who confirmed the integrity of the fire door may be impacted by this crack. Following the inspection written assurances were sent to the inspector that a new fire door was ordered and installed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plans in place. These were being reviewed and updated regularly. Annual reviews of their personal plans were carried out with the input of residents, their representatives and the relevant health and social care professionals, as required. Regular audits of residents' plans were taking place to monitor the quality and care of support residents were receiving. Actions were developed from these audits and leading to the required improvements.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. They had their healthcare needs assessed and had access to a GP and a range of health and social care

professionals in line with their assessed needs. Specific health action plans were developed and reviewed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required them, had positive behaviour support plans in place which outlined proactive and reactive strategies for staff to use when supporting residents. These were regularly reviewed by the behaviour specialist.

Restrictive practices were recorded and regularly reviewed to ensure they were the least restrictive for the shortest duration. There was evidence of restrictions being removed where they were no longer required.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. Safeguarding plans were developed as required. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

A sample of residents' intimate care plans were reviewed and found to be suitably detailed to guide staff practice to support residents in line with their wishes and preferences, while ensuring their privacy and dignity was maintained.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Willow Lodge OSV-0008258

Inspection ID: MON-0042606

Date of inspection: 06/03/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All works have been identified and a schedule of works has been completed to commence the works. The site has been reviewed by a reputable builder who has visited the Service and has provided a financial overview of the works to be carried out. All works should be completed over the next 3 months.	

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	30/06/2024