



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: | 07 December 2022 |
| Centre ID: | OSV-0008258 |
| Fieldwork ID: | MON-0037175 |

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 and or autistic spectrum disorder and or physical or sensory disability. The centre is located in a quiet area, a short distance from a village in county Kildare. The centre is comprised of a five bedroomed, two story house on its own grounds. It contains a kitchen come dining room and living room area, a large sitting room, a recreational room, an ensuite 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.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 3 |
|--|---|

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 7 December 2022 | 09:00hrs to 17:00hrs | Maureen Burns Rees | Lead |

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that residents living in the centre had their care and support needs met. .

The centre was registered in June 2022 for up to five adult residents. To date three residents have been admitted to the centre and there were two vacancies. Overall it is considered that the three residents are compatible with each other and have transitioned well to living together in their new home.

The inspector met with each of the three residents on the day of inspection. A number of these residents were unable to tell the inspector their views of the service but appeared in good form and content in the company of staff. It was evident that the residents and staff members had a close relationship and staff were observed to respond to residents' non verbal cues in a kind and caring manner. Residents were observed to complete wood work using tools with the support of staff while another resident appeared to enjoy desk top activities using sensory items.

The centre was found to be homely, comfortable and overall in a good state of repair. However, there was some worn paint on walls and woodwork in the kitchen. In addition, a small surface area of the work top and some presses was broken. It was noted that the house had two Christmas trees erected and had a festive feel. The centre had a good sized back garden for residents use. It contained a swing chair, trampoline and some planting. There were plans to purchase a table and chair to facilitate out door dining for the residents.

Residents were supported to engage in meaningful activities in the centre. There were a good supply of sensory items, board games, arts and crafts materials available in the centre. Examples of activities that residents engaged in included, life skills activities, swimming, walks, drives, arts and crafts and puzzles, cinema and meals out. A record was maintained of all activities undertaken. The centre had two vehicles for residents use. It was noted that residents appeared to enjoy drives in the centre vehicles.

There were no restrictions on visiting in the centre and residents were supported by staff to make visits to their respective family homes. There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of the centre. Staff met with demonstrated a good knowledge of resident's rights and her responsibility to uphold them.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had plans to complete a survey with relatives

as part of its annual review of the quality and safety of care in due course.

The full complement of staff were in place at the time of this inspection. This meant that there was consistency of care for the residents.

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

Capacity and capability

There were appropriate governance and management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified and experienced person. The person in charge held a Degree in Applied Social Studies and a Certificate in Supervisory Management. She had more than five years management experience. She was in a full time position and was also responsible for one other centre located a relatively short distance away. She was supported by a team leader and senior support workers in this centre.

There was a clearly defined management structure 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. The person in charge reported to the Regional Operations Manager who in turn reported to the Head of Social Care.

The centre had only opened in June 2022 but the provider had plans to complete an annual review and unannounced visits to review the quality and safety of care on a six monthly basis as per the requirements of the regulations. A number of other audits and checks had been completed in the centre. Examples of these included, medication management, environmental cleanliness audit, mattress audit and hand hygiene. Staff meetings were being completed on a regular basis. These provided opportunities for shared learning across the team. The person in charge updated on a regular basis key performance indicator reports. This included areas such as staffing, retention, incident reporting, goal setting and finance.

The full complement of staff were in place. The meant that there was consistency of care for residents and enabled relationships to be built and maintained between residents and the staff team. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was evidence that staff had attended all mandatory training. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable

staff supervision arrangements were in place. Staff spoken with reported that they felt supported in their role and that the person in charge was approachable and a good leader.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person. She presented with a good knowledge of the regulations and of the care and support needs of resident.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place. This provided consistency of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There were suitable staff supervision arrangements in place which supported staff in their role.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate governance and management systems in place. There was a clearly defined management structure in place that identified lines of accountability and responsibility. The provider had plans to complete an annual review and six monthly unannounced visits to review the quality and safety of care in line with the

requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre, appeared to receive care and support which was person centred and of a good quality.

The residents' well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the residents which reflected their assessed needs. Personal goals had been identified for residents to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices. There were plans that personal plans had been reviewed on an annual basis in line with the requirements of the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy in place. Environmental and individual risk assessments for residents had been put in place. These outlined appropriate measures in place to control and manage the risks identified. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. An incident reporting system was in place. There was evidence of monitoring of incidents trends and of debriefs post significant incidents. This meant that opportunities to support staff, to learn from incidents and prevent reoccurrences were being promoted. The centre was supported by the provider's risk officer.

Suitable precautions were in place against the risk of fire. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving residents were undertaken on a regular basis. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as

part of internal checks.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas were clean. A cleaning schedule and checklist was in place which was overseen by the person in charge. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff.

There were measures in place to protect residents from being harmed or suffering from abuse. A small number of the residents presented on occasions with behaviours that challenge which could be difficult for staff to manage in a group living environment. However, overall it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. Behaviour support assessments and plans had been put in place for residents identified to require same. Overall, It was noted that the number of incidents relating to behaviours that challenge had decreased in the preceding period. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of residents. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse.

Regulation 17: Premises

The centre was found to be homely, comfortable and overall in a good state of repair. However, there was some worn paint on walls and woodwork in the kitchen. In addition, a small surface area of the work top and some presses was broken.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had recently been reviewed. There was evidence of monitoring of incidents trends and of debriefs post significant incidents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. However, as referred to under Regulation 17, there was maintenance required in the kitchen area which meant that these areas could not be effectively cleaned from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's well-being and welfare was maintained by a good standard of care and support. Individual support plans had been put in place for each of the residents which reflected their assessed needs. Personal goals had been identified for residents to maximise residents' personal development in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own general practitioner (GP).

Judgment: Compliant

Regulation 7: Positive behavioural support

A small number of the residents presented on occasions with behaviours that challenge which could be difficult for staff to manage in a group living environment. However, overall it was noted that incidents were adequately managed and residents were provided with appropriate emotional support. Behaviour support assessments and plans had been put in place for residents identified to require same.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There were intimate care plans in place which provided sufficient information to guide staff in meeting the intimate care needs of residents. There were appropriate arrangements in place to respond to all allegations or suspicions of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's rights were promoted by the care and support provided in the centre. There was evidence that residents were consulted with, regarding their choice and preferences. Each of the residents had their own bedroom which promoted their dignity and independence. Residents could access advocacy services. Residents were observed to be treated with dignity and respect.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially 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 |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Willow Lodge OSV-0008258

Inspection ID: MON-0037175

Date of inspection: 07/12/2022

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 |
|---|--------------------------------|
| <p>Regulation 17: Premises</p> <p>Outline how you are going to come into compliance with Regulation 17: Premises: Due to some complexities within the Service, paint wear and tear to be addressed. A local painting company will be sourced by the Persons in Charge to complete updated painting works in the centre.</p> <p>The Persons in Charge will identify a tradesperson to review to damage to the kitchen furniture as noted in the report, works will be then carried out to fix the damage or replace property where applicable.</p> | <p>Substantially Compliant</p> |
| <p>Regulation 27: Protection against infection</p> <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>As outlines above, the Persons in Charge will source a tradesperson to complete works to the kitchen ensuring the correct level of cleaning can be completed sufficiently in line with IPC standards.</p> | <p>Substantially Compliant</p> |

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 | 30/04/2023 |
| 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 | 30/04/2023 |