



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

## Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	14 July 2021
Centre ID:	OSV-0008041
Fieldwork ID:	MON-0033292

## About the designated centre

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

The Willows is a large two storey house located near a large town in Co. Louth. Four male residents are supported to live here who are over the age of 18 years.

Downstairs the accommodation consists of four single bedrooms, two of which have en-suite bathrooms. There is also a large bathroom which has been modified to accommodate people who may have mobility issues. There are two sitting rooms, along with a fully equipped kitchen and dining area. A utility room is also available where residents can chose to launder their own clothes should they wish. Upstairs there is a large office, two storage rooms and a shower room. The house sits on a large site and is surrounded by gardens to the front and back of the property.

Transport is also provided so as residents can be supported to access community services.

The staff team consists of nurses and health care assistants. Three staff are duty during the day and two staff are on duty at night. The shifts are nursing led meaning that a nurse is on duty 24/7. The person in charge is supported in their role by a house manager in order to ensure effective oversight of the centre. Residents do not attend a formal day service, rather they are supported by staff in the centre to have meaningful days in line with their wishes.

**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 - 2015 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 14 July 2021	11:00 am to 5:30 pm	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were being supported to enjoy a good quality of life in their home. One area of improvement was required under risk management.

The residents had recently moved here from a large campus based setting and at the time of the inspection were getting to know their new environment and community that they were now living in.

The inspector met all of the residents who were observed to seem relaxed and happy in the company of staff. Staff were respectful towards the residents and knew the residents well. Residents appeared to be content in their new home.

The home was large spacious and had been finished to a very high standard. It was homely and residents were observed relaxing in the kitchen while meals were being cooked or relaxing in the sitting room with staff watching the television. Residents had their own bedrooms which were decorated to a high standard and personalised with their own family photographs. One resident had a personal item which was very significant to them and they were observed to carry this around all the time and also had another one in their bedroom. Staff were aware of how important this was to the resident and the resident's family member verified this also.

The house was adapted to meet the needs of the residents. For example a wheelchair ramp was provided at the entrance to the house. Overhead hoists were also in place to support residents with their moving and handling needs. In the garden there was a wheelchair swing which some residents enjoyed using. The upstairs of the centre was not accessible to residents and was primarily used for administrative purposes, however the inspector found that this was not impacting on the quality of life of the residents at the time of this inspection.

Transition plans had been developed for residents prior to moving here and some of these plans were in picture format. The inspector saw some pictures of residents visiting the house prior to moving here and choosing paint colours for their room.

Two family representatives spoke with the inspector over the phone and gave some feedback on the services provided. Due to COVID-19 restrictions, one had not had the opportunity to visit the centre prior to their family member moving there. However, they had seen pictures of it and were looking forward to visiting their family member soon. They reported that they were very happy with the care provided and said that the staff kept them up to date with everything about their family member. They said that they were telephoned by staff any time there was a change in the residents care, even when something very small happened.

Another family member had visited the new home prior to their family member moving there. They reported some concerns about the transition of their family

member from the large campus to the community home, however they intended to discuss this with the staff when they visited the centre. They also kept in regular contact with the staff and their family member through daily calls to the centre.

Resident meetings were also held weekly where residents were included and informed about things that were happening in the centre. This informed the inspector that residents' were included in decisions in their home.

There were a number of examples of where residents' rights were respected in the centre at the time of this inspection. Since COVID-19 restrictions had begun, residents had been supported to keep in contact with family members on a regular basis. Their preferences were respected and included in the care being provided. For example; one resident was reported by staff and family to prefer their own company and this was observed being respected on the day of the inspection. Another resident whose religious beliefs were important to them had recently attended mass in their local church.

Overall the inspector found that the residents were settling into their new home and were getting to know their environment and the community they were now living in. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

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 the centre was well resourced and centred around providing high standards of care to the residents living there. One area of improvement was required in risk management.

At the time of this inspection, the registered provider of the centre was the Health Service Executive (HSE). However, Saint John of Gods (SJoGs) services were responsible for the provision of care and support to the residents living in this service. A memorandum of understanding (MOU) was in place between the two organisations detailing this arrangement and, to ensure the effective the delivery of a good quality of service to the residents.

The HSE appointed a person participating in the management (PPIM)of this service. The person in charge was appointed by St John of God services and reported directly to the PPIM and the registered provider on all regulatory matters relating to the quality and safety of care provided in the designated centre This meant that the

centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis.

The person in charge was supported in their role by a clinic nurse manager (CNM), nursing staff and a team of health care assistants. The person in charge was a qualified nurse who provided good leadership and support to their team. As stated the person in charge reported to the person participating in the management (PPIM). They had regular contact with each other over the phone. Weekly meetings were also held with the person in charge, the PPIM, the registered provider and senior representatives of SJOG services to ensure that the governance arrangements in place were safe and effective.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. As part of the transition some staff who knew the residents well moved with them from the campus setting to their new home. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis. Staff meetings were held where they could raise concerns if needed also. Staff personnel files were not reviewed at this inspection.

Staff had being provided with training in fire safety training, safeguarding vulnerable adults, basic life support, manual handling, positive behaviour support, infection control, safe administration of medications and dysphagia training. The providers own audits showed that refresher training was due for some staff, however; there were plans in place to complete this once public health advice permitted this.

The centre was also being monitored and audited to ensure that the care being provided was safe and effective. For example; a representative from the HSE had conducted an audit in the centre the day before this inspection. A preliminary report of this audit found that overall the centre was being managed well and residents were enjoying a good quality of life. Other audits had also been completed in areas such as; infection control and residents' personal plans. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they were being addressed. For example; it had been identified that a new bus was required for the centre and this was being purchased at the time of the inspection.

A review of incidents the had occurred since the centre opened, informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

### Regulation 14: Persons in charge

The person in charge was a qualified nurse, had the appropriate management qualifications, along with significant managerial experience working in the disability sector. They were employed on a full-time basis. They had the support of a clinic nurse manager in this centre in order to assure effective oversight of the care and support being provided. The person in charge was aware of their responsibilities under the regulations.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had been provided with training in order to meet the needs of the residents in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure, which outlined clear lines of accountability over the care and support provided. There were systems in place to ensure that the services were monitored and reviewed on a regular basis.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose for the centre had been updated recently and included



the requirements of the regulations.

Judgment: Compliant

## Quality and safety

Overall the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. However, the management of one risk in the centre needed to be improved.

As stated and described earlier in this report the property was finished to a very high standard, was very clean and provided adequate communal space which allowed for residents to meet family and friends privately should they wish. Although residents could not access the upstairs of the centre, this was not impacting on their quality of life in the centre at the time of this inspection.

Each resident had an individual personal plan developed which included an assessment of need which had recently been updated. Support plans had been developed to outline the care and support provided to residents. These plans were detailed and staff were aware when asked about some of them. Residents had recently transitioned to the centre from a large campus setting. Transition plans had been developed to support the residents with this. Goals had been developed for residents and some of them were looking forward to meeting up with family members.

Residents were supported with their health care needs and had as required access to a range of allied health care professionals, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. Residents were also supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behaviour support plan in place.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. However, one control measure ( a piece of equipment) used to manage a risk in the centre was being repaired at the time of the inspection. The inspector found that the risk assessment had not being updated to reflect this or outline the control measures in place while this equipment was being repaired.

The fire safety systems were reviewed in the centre. Emergency lighting, a fire panel, fire doors and fire fighting equipment was provided for. A fire drill had been conducted to ensure that the centre could be evacuated safely. The staff team conducted regular fire safety checks to ensure that the equipment was in good

working order.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Infection control measures were also in place. All residents had received their vaccinations. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. One staff member was also appointed as the lead person for the management of COVID-19 in the centre. This person was responsible for carrying out audits to ensure ongoing compliance with public health guidance.

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre.

### Regulation 17: Premises

The property was finished to a very high standard, was very clean and provided adequate communal space which allowed for residents to meet family and friends privately should they wish. Although residents could not access the upstairs of the centre, this was not impacting on their quality of life in the centre at the time of this inspection.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Residents had recently transitioned to the centre from a large campus setting. Transition plans had been developed to support the residents with this.

Judgment: Compliant

## Regulation 26: Risk management procedures

One control measure ( a piece of equipment) used to manage a risk in the centre was being repaired at the time of the inspection. The inspector found that the risk assessment had not being updated to reflect this or outline the control measures in place while this equipment was being repaired

Judgment: Substantially compliant

## Regulation 27: Protection against infection

There were systems in place to prevent/manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

## Regulation 28: Fire precautions

There were fire safety systems in place to ensure a safe evacuation of the centre in the event of a fire.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had individual personal plan developed which included an assessment of need which had recently been updated. Support plans had been developed to outline the care and support provided to residents. These plans were detailed and staff were aware when asked about some of them.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported with their health care needs and had as required access to a range of allied health care professionals, to include GP, dietitian, occupational

therapy and physiotherapy

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There were a number of examples of where residents' rights were respected in the centre at the time of this inspection. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Their preferences were respected and included in the care being provided. For example; one resident was reported by staff and family to prefer their own company and this was observed being respected on the day of the inspection. Another resident whose religious beliefs were important to them had recently attended mass in their local church.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Willows OSV-0008041

Inspection ID: MON-0033292

Date of inspection: 14/07/2021

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Assessment was reviewed on 14th July and control measures were put in place while a piece of equipment was being repaired. A Temporary piece of equipment was sourced until original piece of equipment was returned on 05/08/2021	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	05/08/2021