



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:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	30 July 2025
Centre ID:	OSV-0002394
Fieldwork ID:	MON-0038591

About the designated centre

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

The Willows is a designated centre operated by St Michael's House located in a suburban area in Dublin. It provides community residential services to seven residents, both male and female, over the age of 18. The designated centre comprises a two storey house and adjoining apartment. The house accommodates six people and consists of a sitting room, kitchen/dining area, quiet room, a staff sleep over room or office, a bathroom and six individual bedrooms (four of which are en-suite). The apartment accommodates one person and consists of two bedrooms (one of which is en-suite), bathroom and kitchen/living room. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge, nurses and social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

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 30 July 2025	09:20hrs to 18:20hrs	Jacqueline Joynt	Lead
Wednesday 30 July 2025	09:20hrs to 18:20hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

From speaking with the person in charge, staff and residents, as well as a review of documentation and observations on the day, the inspectors found that there was high levels of compliance with the regulations found on the day of the inspection which was resulting in positive outcomes for residents living in the designated centre.

The inspectors found that residents in the centre were supported to enjoy a good quality life. The residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. The provider, person in charge and staff promoted an inclusive environment where the residents' needs, wishes and preferences were taken into account.

Residents living in the centre used different forms of communication and where appropriate, their views were relayed through staff advocating on their behalf. Residents' views were also taken from the designated centre's annual review, one Health Information and Quality Authority's (HIQA) residents' survey and various other records that endeavoured to voice residents' opinions.

There were seven residents living in the centre, six residents lived in the main house and one resident lived in the adjoining apartment. The inspectors were provided with the opportunity to meet with all of the residents during different times of the day.

On the day of the inspection, inspectors were met with on arrival by a resident who was sitting out under a sun umbrella enjoying and cup of tea with the person in charge. The resident greeted the inspectors and gave them a warm welcome as they arrived. Three residents were observed heading off in the centre's bus to their day service and appeared happy to be heading out for the day.

Later in the morning, the inspectors met with a resident who was spending the day at home. The inspectors were informed of the resident's recent change in health and mobility needs and of the additional supports put in place to meet their needs. The inspectors observed the resident appeared upset at first however, after being supported by their staff member to relax on the couch and listen to some music, the resident appeared much more content demonstrating staffs' knowledge of the resident's needs and their ability to support the resident in a way that eased their discomfort.

In the afternoon, the inspectors met with residents when they returned from their day service. Inspectors observed some residents enjoying their evening meal and

saw that they were supported by staff in a kind a dignified way. One resident was relaxing in their room and took a short time out to meet with one of the inspectors. Two other residents were each provided with a reflexology sessions on their return.

The resident who lived in the apartment, met the inspectors in morning and again in the evening. They were happy for the inspectors to look around their apartment. The resident enjoyed art and was provided with an art room in their apartment including all the equipment and supplies needed to complete their art work. The apartment was undergoing a major upgrade to the upstairs area, including the resident's bedroom and bathroom. On the day of the inspection new flooring had just been laid on the bedroom floor. The resident, supported by their staff, had visiting a flooring retail store and had picked out the flooring of their choice. From speaking with staff and on review of documentation, it was clear the resident was consulted in, and was a big part of the upgrade of their home.

Residents were facilitated to exercise choice across a range of therapeutic and social activities and to have their choices and decisions respected. Residents were active in their community with one resident attending art classes in their local community centre. Three residents had recently attended an inclusive music and arts festival in County Meath. On review of a resident's 'all about me' photograph scrapbooks, inspectors saw that they were supported to engage in a wide range of community activities that were of interest and meaningful to them. For example, one resident's photographic scrap book showed that they attended a wrestling show, went on a boat trip, attended a live outdoor sporting event, enjoyed table top sensory games in their local library and got their hair cut in the local hairdressers.

Some residents living in this designated centre required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. For example, there were ceiling hoists, manual hoist and aids for supporting residents with their personal care.

The centre also had its own dedicated transport which was used by staff to drive the residents to various activities and outings. It was also used to drive residents, as a group, to and from their day service. For one resident, this meant travelling in the bus for at least two hours each way. The person in charge advocated for the resident and had raised the issue, on behalf of the resident, to their senior management who had escalated it further. While this issue remained ongoing, the inspectors were provided assurances that the matter was in hand with continuous review of the status, from the person in charge.

Another resident was supported to purchase a new car for staff to drive them to activities in the community as frequently as they wanted to. This had a positive impact on the resident's independence, wellbeing and overall quality of life.

The inspectors carried out a walk around of the main house with the person in charge. The house was large and spacious and provided a welcoming and homely feel to it. The inspectors observed residents had artwork and photographs on

display throughout the house. All residents were provided with their own bedroom which had been personalised to their individual tastes, and was of a suitable size and layout for their individual needs. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences. Four residents had their own en-suite bathrooms.

There were garden spaces provided and residents were supported to utilise this space also. For example, there was a small outdoor shed provided for a resident who enjoyed gardening. The inspector were informed of plans for a larger structure to be erected in its place so that the resident could use it in the winter time as well as for their outreach programme. In the garden area to the back of the house there were a number of hanging baskets with bright colourful flowers displayed along the railings.

Overall, the residents' house provided a warm and homely environment for them however, there were a number upkeep and repair works needed to the internal and external areas of the house areas of the house. These are discussed further in the report.

In advance of the inspection, residents were provided with individual HIQA, 'Tell us what is like to live in your home', surveys. One resident chose to complete the survey with the support of their staff member. Overall, the survey relayed positive feedback regarding the quality of care and support provided to resident living in the centre. The survey noted that the resident enjoyed going to the sensory gardens, swimming and liked their new art room and "baking, baking, baking". When relaying their view about their home, the resident said "nice, nice house, home sweet home".

The provider's 2024 annual review had also ensured that residents and their family and representatives were consulted with and given the opportunity to express their views on the service provided in the centre. Overall, residents' feedback was positive. The annual review noted that residents indicated or staff evidenced that they were happy with their home and enjoyed taking part in the daily running of the house. Where one resident was unhappy about a matter they were supported by the person in charge to make a complaint which had since been resolved. Family feedback was positive, in particular, regarding skill levels of staffing, how residents' wishes were being met and peace of mind knowing the care and support their family member received.

On the day of the inspection, a health professional, who was providing a service to residents in their home, approached the inspectors to speak about their experience visiting the centre. They relayed the respectful manner that staff spoke and treated residents with. They told the inspectors about the extensive work staff had put in place to assist residents be more comfortable engaging with different therapies.

The inspector found that there were good arrangements were in place to support residents to communicate their wishes, and make decisions about the care they received and to raise any issues they may have had. For example, residents attended house meetings, where meaningful conversations and discussions took place. Weekly menus and activities were discussed at the meetings. In addition,

advocacy, human rights, fire safety, complaint process, HIQA inspector visit, goals, health and safety, finances and safeguarding.

The inspector observed interactions between residents and staff to be kind, supportive and friendly. It was evident that staff knew how to communicate with residents in a way that they understood and were aware of each residents' likes and interests. On observing residents interacting and engaging with staff using different styles of communication, it was obvious that staff interpreted what was being communicated.

On speaking with a staff member during the inspection they advised one of the inspectors that they had completed training in human rights. They stated that they had shared one of the learnings about the Assisted Decision Making Act with a resident's family member. This had resulted in positive outcomes and led to changes in how one resident exercised their will and preference.

In summary, the inspectors found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspectors found that there were systems in place to ensure residents were safe and in receipt of good quality care and support and that overall, the person in charge and staff were endeavouring to continuously promote residents' independence as much as they were capable of.

Improvements were needed to the upkeep and repair of areas of the premises to ensure that the environment was safe as well as ensuring infection control measures were effective at all times. These are discussed further in the next two sections of the report which 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

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. There was good levels of compliance found on the inspection however, some improvements were needed to the premises and infection prevention and control. These are addressed in the quality and safety section of the report.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was consistent and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre by the person in charge.

The provider was striving to ensure that there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times and in line with the statement of purpose and size and layout of the building. There were a small number of vacancies in the centre which were being covered by permanent, relief and agency staff. The providers on-going recruitment strategies were showing a decrease use of agency on future planned rosters.

Staff completed relevant training as part of their professional development to assist them in their delivery of appropriate care and support to residents. The inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident and the supports required to meet their needs.

Regulation 14: Persons in charge

The person in charge was employed full-time in this centre only. The person in charge was ensuring effective governance, operational management and administration of the designated centre. The person in charge was supported in their day to day role by a clinical nurse manager one (CMN1).

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with residents' support needs and was endeavouring to ensure that they were met in practice. The inspectors found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, person participating in management and CMN1, fostered a culture that promoted the individual and collective rights of residents living in this centre.

The inspectors found that the person in charge actively and on an ongoing basis advocated for residents and empowered them to advocate for themselves. On a review of supervision minutes, the inspectors saw that the person in charge had advocated for shorter transport times for residents.

In addition, the person in charge empowered a resident to make a complaint regarding a matter that was impacting on their care and support. They supported the resident to do this in a communication format that was accessible and preferable to the resident.

Judgment: Compliant

Regulation 15: Staffing

The person in charge was endeavouring to ensure continuity of care despite there being two point five permanent vacancies in the centre; one social care leader, one social care worker and one part-time director support care worker. On the day of the inspection, the inspectors were informed that a new staff member, (social care worker), was due to commence working in the centre in September.

Staff members of the core team worked a number of additional shifts to cover the gaps on the roster. Where the core team were not able to cover, members of the organisation's relief team, as well as agency staff, were employed to work in the centre.

On review of a sample of actual and planned rosters the inspectors saw there had been an ongoing decrease in requirement for agency staff to work in the centre. For example, in June, seven agency staff were employed and in July this had decreased to six. The planned roster for August demonstrated a further decrease to three agency staff required with September showing no requirement for agency staff. Overall, the reduction in use of agency staff was supported by new staff members joining the team and permanent staff continuing to cover gaps.

The reduction was resulting in positive outcomes for residents. On speaking with one staff member they told the inspectors that the consistent staff team had been one of the reasons for the decrease in incidents in the centre.

For the most part, the actual and planned rosters in place were maintained appropriately. Some minor improvements were needed to ensure all staff members' full names were displayed on the rosters, at all times.

There were visual rosters in place for residents in line with their communication needs and preferences. For one resident there was a "buddy system" in place. The system saw the resident choose the staff they wanted to support them each day. A poster with both the resident's and staff member's photograph was displayed in the dinning room area. The inspectors were informed that this was an initiative to relieve any anxieties the resident might have about who was supporting them each day.

To support the changing needs of one resident, additional staffing hours had been added to the September roster. This was to ensure that there were adequate supports in place for the morning routine for the resident as well as the other

residents.

On speaking with the person in charge, the clinical nurse manager and staff members, the inspectors found that they were knowledgeable of the assessed needs of residents and how to support their needs. They were aware of the residents likes, preferences and of the care support plans in place to guide them in their practice.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of the inspection, the inspector saw that the person in charge had good systems in place to evaluate staff training needs and to ensure that adequate training levels were maintained. On review of staff training records, the inspector saw that staff had completed or were scheduled to complete the organisation's mandatory training as well as training specific to the needs of residents living in the designated centre.

Some of the training provided to staff included:

Autism training

Safeguarding vulnerable adults

Human rights

Safe medication management (which included training on epilepsy and administration of rescue medication)

Emergency first aid

Fire safety

Feeding, eating, drinking and swallow (FEDS),

Infection and prevention and control

Positive behaviour supports

Manual handling

Food safety

Clamping

Therapeutic intervention practices

Catheter training

Total communication training

Team meetings were used as learning opportunities for staff. For example, the person in charge had organised a questions and answers type session on matters relating to dementia to be provided to staff from the organisation's Director of nursing, at the September staff meeting. This was to support and provide guidance for staff with supporting the needs of a resident with changing needs. In addition, at a recent team meeting, there had been a training session on Nursing and Midwifery Documentation Standards delivered to staff.

The person in charge had ensured that one-to-one supervision meetings, that support staff in their role when providing care and support to residents, were

scheduled for all staff. A sample of two supervision records were reviewed and inspectors found that they were up to date and that a future date was in place for the next supervision meeting. Topics discussed at supervision included leadership/learning and supporting the residents. Actions identified in supervisions were seen to be followed up by the person in charge.
Judgment: Compliant
Regulation 19: Directory of residents
The person in charge had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations.
Judgment: Compliant
Regulation 21: Records
On the day of the inspection, some improvements were needed to ensure that records required to be kept in the designated centre were in place and that they were appropriately recorded at all times. In particular, with regard to schedule 4, where it relates to Fire Safety. It is noted however, that these matters were addressed before the close of the inspection and therefore this regulation met with compliance. For example: Where a service of fire safety equipment had taken place in January 2025, the inspector found that the recording on the maintenance report to be inadequate. For example, on review of the report, for 2024 and 2025 there was no signature or written comment regarding the service included by the technician. By the end of the inspection, the person in charge had followed up with the appropriate department in the organisation and was able to provided the inspectors with emails of the appropriate fire safety equipment service certificates. In relation to information and documents to be obtained in respect of staff employed at the designated centre, the inspectors were provided with 10 staff records. A sample of three staff records were reviewed in full and they contained all the required information in line with Schedule 2. All ten records showed that all staff had been through the appropriate vetting procedures, all of which had occurred within the last three years.
Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The insurance submitted to the chief inspector ensured that the building and all contents, including residents' property, were appropriately insured. In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. The person in charge was assisted by a clinical nurse manager to support them ensure effective governance, operational management and administration of the designated centre

In May 2025 the provider had completed an annual report of the quality and safety of care and support provided in the designated centre during 2024. There was evidence to demonstrate that the residents and their families were consulted about the review. In addition the provider was completing six monthly unannounced reviews of the quality of care and support in the centre. Each review included an action plan which was followed up and progressed by the person in charge. The two most recent unannounced reviews were carried out in November 2024 and May 2025.

A Hazard Analysis and Critical Control Point (HACCP) food safety audit had been completed in March 2025 and an infection prevention and control audit in April 2025. A number of the infection prevention and control issues identified on the day of the inspection had been identified on the audit.

Monthly data reports had been completed by the person in charge from January to June 2025. The reports were used at management meetings between the person in charge and service manager to review issues arising and actions required. Areas addressed in the reports included safeguarding referrals, trust in care screenings, incident report forms, complaints and compliments, restrictive practice and behaviour of concern, fire drills, the risk register, staff annual leave, supervision meetings, sick leave, additional staffing requirements, mandatory training,

notifications to HIQA and monthly infection prevention control checks.

In addition, monthly checklists had been completed by managers during January to June 2025 which reviewed completed audits and checks for the following areas; medication, money, restrictive practice, training, supervision, residents personal plan folders, health and safety, risk assessment and residents goal folders.

The person in charge ensured that staff team meetings took place on a regular basis to provide staff an opportunity for reflection and shared learning. Safeguarding was a standing item on the agenda and in March 2025, the senior safeguarding social worker practitioner joined the meeting and provided information on safeguarding protocol and in particular in relation to completing preliminary screening process.

On review of the minutes of the April 2020 staff meeting, the inspectors saw that topics such as fire safety, annual leave, budget management, HIQA inspection, training, fire drills, garden maintenance, medication, updates on the care and support of each resident, communication devices, FEDs guidance, health of residents and activities, were all discussed.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations.

The statement of purpose described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their family and representatives.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room function.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that the person in charge had ensured that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Adverse incidents and accidents in the designated centre, required to be notified to the Chief Inspector of social services, had been notified and within the required time

frames as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspectors found that incidents were managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. Where there had been behavioural or safeguarding incidents, the incidents and learning from the incidents, had been discussed at staff team meetings which provided shared learning and mitigated the risks of recurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented an effective complaint handling processes. For example, there was a complaints policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and staff spoken to on the day, had a full understanding of the complaint's policy and procedures.

The inspectors observed that the complaint's procedure was accessible to residents and in a format that they could understand. On speaking with the person in charge and staff and on a review of documents, the inspectors found that the complaints process was discussed with residents during weekly household meetings.

The person in charge showed the inspectors an example of where a resident had been empowered to make a complaint via a video message. The resident received a prompt response in the same video format from the senior service manager. On review of the complaints log, the inspectors saw that the issue had been resolved and the resident's satisfaction of the outcome had been noted.

On the day of the inspection, there was one open complaint which had been recently been submitted. The person in charge and person participating in management had followed up promptly with an email to the complainant. They provided them with information and an invite to a meeting to try resolve the matter. It was evident that they were following the organisation's policy and procedures in relation to the complaint.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for residents

who live in the designated centre.

Overall, the inspectors found that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure better outcomes for residents at all times, improvements were required in relation to the premise and infection prevention and control.

The effectiveness of the infection, prevention and control measures in place were being impacted by the poor upkeep and repair of areas, equipment and fixtures and fittings in the centre. In addition, some of the systems in place, such as flushing checks, required review to ensure their effectiveness in keeping staff and residents safe at all times.

On a walk around the premises, the inspectors observed the houses to be cleaned and tidy. Overall, the house presented as warm and welcoming with a homely feel to it. Residents appeared comfortable in their environment and were consulted in the layout and design of their bedrooms. However, the external areas of the centre required upkeep and in particular, to the front and back garden areas.

The inspector reviewed a sample of residents' personal plans. Each resident had been provided with a comprehensive assessment of need, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports.

A lot of effort had been made to ensure that residents could receive information in a way that they could understand. Each resident was provided with a communication support plan that had been developed from a comprehensive individual communication assessment.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

Staff were provided with appropriate training relating to keeping residents safeguarded. The person in charge and staff demonstrated a high-level of understanding of the need to ensure each resident's safety.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. The restrictive practices used were clearly documented and were supported by appropriate risk assessments which were reviewed on a regular basis.

Suitable fire equipment was provided and serviced as required including the fire alarm, emergency lighting and fire fighting equipment. There were suitable means of escape and an up-to-date fire evacuation plan in place. Staff were trained in fire prevention and suitable fire drills were completed.

Regulation 10: Communication

The seven residents living in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with each of their needs and wishes. Overall, the inspectors found that the person in charge was ensuring that residents received information in a way that they understood. Information was provided to residents verbally but also through easy-to-read format, pictures, photographs, social stories, communication aids and where appropriate, hand-sign language.

Throughout the inspection, the inspectors observed a number of different communication systems that were in line with residents needs and preferences. For example, there was a large notice board in the dining room that communicated to residents in visual format of their menu and activities choices for the week as well as the staff working in the centre that week. There was an array of information notice posters that were in picture or easy-to-read information, such as the complaints procedures, notice of the HIQA inspector visit and safeguarding information.

On review of communication support plans, one example demonstrated how elements of a communication plan was observed in the centre, such as a picture board schedule. The plan was supported by communication guidelines which had been developed by a Speech and Language Therapist. In another resident's plan, where they had been assessed as having limited vocabulary, the plan included guidelines for staff on how to empower the resident communication their needs and choices. One resident used objects of reference to communicate. The objects were stored in the resident's bedroom where they could easily access them.

Residents were supported to communicate their needs and wishes in relation to their care and support in a format that best suited their unique communication styles. For example, one resident used their own specific signs to communicate their wants and needs. Staff were observed communicating with the resident in response to the resident using these signs. In addition, there were photographs of the specific signs in the resident's own bedroom to assist staff be familiar with them when communicating with the resident.

On observing staff interact with residents, it was clear they understood what residents were communicating to them. On speaking with staff they were knowledgeable in residents' communication needs. Where a resident was provided with an electronic communication device they were primarily supported by their personal assistant when using it. There were times when the resident liked to communicate with staff or in the community without the device, and during these times, their choice was respected.

Judgment: Compliant

Regulation 17: Premises

Overall, the physical environment of the house was observed to look clean and tidy. There were some upkeep and decorative repairs required which were impacting on the effectiveness of infection prevention and control measures. These have been addressed under Regulation 27.

The design and layout of the premises ensured that each resident could enjoy living in a safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the designated centre.

One resident lived in their own apartment which met their assessed needs. The apartment was undergoing a refurbishment and the resident had been consulted about it and been part of the decision making for the new decor and design.

The main house was observed to have large bright and spacious communal rooms with lots of colourful pictures, photographs of residents and soft furnishings which gave a homely atmosphere to the house. Each resident was provided with their own bedroom which they had been consulted in the décor and layout. There was ample storage space in each resident's bedroom. Residents were provided with wardrobes, tallboys and dressing tables to store their personal belongings. A number of rooms included mechanical equipment to support with the mobility needs of residents. Where there had been a recent change in a resident's mobility needs, an overhead hoist had been installed.

Outside the back and front-side of the house provided an area for recreation, play and relaxation. However, the inspectors observed that both external garden areas required a lot of upkeep and maintenance and in particular, the ground. The long grass and large weeds posed as a potential trip hazard for residents and overall made the area look unkempt and in poor upkeep. Improvements were needed so that these spaces were maintained on a regular basis to support residents' enjoyment in these areas.

In addition, on the day of the inspection, there was no adequate documentation in place to provide assurances that the boiler had been serviced since 2022. Subsequent to the inspection, the person in charge submitted an email confirmation that engineers visited the designated centre the day after the inspection to service both boilers.

The person in charge advised that a full check and service was carried out. There were some parts needed in order to finish the service and once the parts were sourced, the contractors would arrange completion the works and provide a certification. While the person in charge advised that they had been given repeated assurances that the boilers were currently running safely, the inspectors found that a review of the maintenance systems in place was needed to ensure timely service of the boiler system was in place at all times.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents which met the requirements of Regulation 20. For example, on review of the guide, the inspectors saw that information in the residents' guide aligned with the requirements of associated regulations, specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services, and the complaints procedure.

The guide was written in easy-to-read language and was available to everyone in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspectors reviewed the centre's risk management policy and found that the provider had ensured that the policy met the requirements as set out in the regulations. The policy was last updated in June 2023 and was due for renewal in June 2026.

Where there were identified risks in the centre, the person in charge ensured appropriate control measures were in place to reduce or mitigate any potential risks.

The person in charge had completed a range of risk assessments with appropriate control measures, that were specific to residents' individual health, safety and personal support needs.

For example;

Where there was a risk of injury due to incorrect use of hoist, there were measures in place to reduce the risk. For example, some of the measures included, staff trained to use hoists, occupational therapist evaluates requirement of assistive equipment, staff ensure safe work-load not exceeded and hoist sling inspected before use.

Where there was a risk of inhalation of legionnaires bacteria, some of the measures in place included staff reading the centre's infection prevention and control policy as per standing operation procedures in appendix 3. Staff adhere to flushing protocols for baths and shower and taps not in use or are infrequently used.

Where there was a risk of injury to staff, residents and visitors, the measures in

place included, accident and incidents reviewed by the line manager, accident policy and protocols in place which staff follow in the event of an accidents and individual risk assessments in place for each resident.

Where there was risk pertaining to fire, some of the measures in place included, fire alarms fitted and tested weekly by staff and serviced quarterly by fire expert company. Residents provided with up-to-date personal evacuation plans. Candles and open flames not used. Sockets never overloaded, mobile phones not left charging and no meals cooked at night time.

There were also centre-related risk assessments completed with appropriate control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

In the main, the premises was observed to be clean and tidy however, upkeep and repairs were needed in a number of instances to ensure that all internal and external areas of the designated centre, including fixtures and fittings and equipment, could be clean effectively, in terms of infection prevention and control.

A number of the provider's audits such as the 2025 infection prevention and control audit, the most recent six monthly unannounced review and the health and safety audits had identified a number of the issues listed below. The issues had been escalated to the organisation's technical team by the person in charge and were added to the organisation's work-plan. However, as of the day of inspection, there was no commencement date to address the issues.

The inspectors observed the following when walking around the centre;

The flooring in a downstairs resident's en-suite bathroom was observed to be marked and stained. The inside and outside grouting on the base of the shower, was chipped and stained. There was rust on the radiator. Behind the sink's footstool was observed to be unclean.

The flooring underneath the washing machine and dryer in the main laundry room was in poor upkeep and repair and could not be effectively cleaned.

The timber unit for the sink in a resident's bedroom was chipped and in disrepair.

The door and door frame in the main bathroom and laundry room were observed to have a lot of chips and scuffs on them.

The flooring in the main bathroom was in poor upkeep and repair. There were a lot of water stains and marks throughout the floor.

The half door leading into the kitchen was chipped. Where the floor in the kitchen met the wall there were gaps with a build-up of dirt in the gap. The black rim between the floor and wall was observed as unclean.

Labels attached to the shelves in the two small fridges were peeling and observed as grubby.

Upstairs in main house the sealant around the shower in a resident's en-suite was in disrepair, there was peeling paint on the ceiling over the shower. There was no plastic bag in the bathroom bin.

In another resident's en-suite, there were gaps where the floor met the wall and dirt and grim build-up was observed. The resident's toiletry metal stand was observe to have a lot of rust on it. The radiator was rusting at the base.

The laundry area provided for the resident living in the apartment was in the garage. The flooring in the area was cement and could not be cleaned effectively.

A large trampoline to the front of the garden, which one of the resident's enjoyed using, was observed to be in poor upkeep. The trampoline was unclean with animal droppings, moss and rust on the main jump area and surrounding cover. There was no specific cleaning schedule in place for the equipment.

A sun umbrella, to the front of the house, which a resident enjoyed sitting under on a regular basis, was observed to be badly stained throughout.

The rotary clothes line in the back garden was observed to have rust and moss on it. The attached laundry peg rack was also observed to be unclean with stains on it. While the inspectors were informed that the clothes line was not used a lot, it meant that for the times residents chose to use it, it was not in a good state of repair or safe to use.

In addition to the above, a review of the flushing checklists in place was needed to ensure that they were effective in keeping staff and residents safe. The provider had reviewed and updated their infection prevention and control policy in 2025. There was a number of appendixes to the policy, one of which related to prevention of legionella; Apendix three provided guidance on when and how to complete flushing checks for unused water outlets.

While a generic flushing check was included on the cleaning list as "run all unused showers in bathrooms", there was no clear guidance on the cleaning list on how to complete the task or what outlets were to be checked. The task was ticked on the checklist every week, however it did not provide sufficient assurances that the check was effective or what outlets had been checked. There was a risk assessment in place, in a separate folder to the cleaning list. On review of the measures, the inspector saw that they did not included all procedures within the appendix three.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured the centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and firefighting equipment.

A fire safety feedback report had been completed in October 2024 as part of monitoring the fire safety systems in place in the centre. An emergency light report had been completed in April 2025. The person in charge completed monthly and quarterly fire checks of the precautions to ensure their effectiveness and to keep residents safe in the event of a fire. There was a local unit fire office checklist in place that had been completed in 2025. Areas considered in the checklist included escape routes, fire alarms, lighting, fire equipment and fire drills.

On review of the centre's fire safety folder, the inspectors saw that the person in charge had ensured that staff had completed the daily and weekly fire checks of the fire precautions in place.

The inspectors observed that fire exits were easily accessible, kept clear, and well sign posted and all routes leading from the exits were observed to be clear. All staff had completed fire safety training. Staff who spoke with the inspectors on the day were knowledgeable in how to support residents to evacuate the premises in the event of a fire.

Regular fire drills were taking place, including drills with the most amount of residents and the least amount of staff on duty as well as different scenarios. This was to provide assurances that residents could be safely and promptly evacuated and to ensure the effectiveness of the fire evacuation plans. A night time drill with the most amount of residents and least staff had taken place in June 2025.

Each resident was provided with a personal emergency evacuation plan for staff to follow in the event of an evacuation. These were reviewed for their effectiveness during fire drills and reviews. There was an easy to ready format of the fire escape route in place for residents called "My escape plan".

The fire alarms in the centre had been serviced on a quarterly basis with the most recent service in May 2025. The fire extinguishers had been serviced in January 2025.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of three residents' personal plans and saw that they included an assessment of each resident's health, personal and social care

needs and that overall, arrangements were in place to meet those needs.

There were support plans for various aspects of each resident's life, including, physical and intimate care supports, general health and rights. This ensured that the supports put in place maximised residents' personal development in accordance to their wishes, individual needs and choices.

The plans were regularly reviewed and residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans. Multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives.

Residents were provided with accessible formats of their plan. These were in the form of colourful scrapbooks full of photographs of the resident and were used in conjunction with their 'all about me' planning meetings.

In addition to the 'all about me' scrapbooks, residents were provided with a separate folder that included photograph of them enjoying activities that were meaningful to them. The folders included residents' goals, their progress as well as goals achieved.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge took a positive approach to behaviours that challenge. Where appropriate residents were provided with a positive behaviour support plan. The inspectors saw, from a review of three plans, that they were up-to-date and provided satisfactory guidance to staff in supporting residents' manage their behaviour. The plans included appropriate clinical oversight, both in the development and review of the plan and plans promoted proactive and preventive strategies.

The person in charge ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspectors observed positive communications and interactions throughout the inspection between residents and staff.

The inspectors saw that elements of residents' behaviour support plans were contained in other support plans that ensured consistency in the care provided to the resident. For example, one resident's plan noted the importance of consistent staff as well as the residents awareness of who was supporting them each day. This was also noted in their communication plan and there was a daily practice in place where the resident chose a staff member to work with them and this was then noted on an accessible poster every day.

There were a number restrictive practices implemented in the centre. For the most

part, restrictions in use had been approved by the organisation positive approaches management group. The rationale for restrictions in place were clear and deemed to be least restrictive option.

On review of a sample of residents' personal plans, the inspectors saw that residents were supported to understand and give consent for restrictive practices in use. Where there were restrictive practices in place for resident's who didn't communicate verbally, staff had sought to establish the resident's consent through their own communication methods and documented same. For example, one resident gave a thumbs up when one restrictive practice was put in place.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

The inspectors found that the provider and person in charge had implemented satisfactory systems to safeguard residents from abuse. Where there had been safeguarding incidents in the centre, the person in charge had followed up, reviewed, screened, and reported the incident in accordance with national policy and regulatory requirements. The person in charge ensured that all incidents were discussed at staff meetings to ensure shared learning and mitigate the risk of recurrences.

Safeguarding was a standing topic at staff meetings and in March 2025, the organisation's senior safeguarding social worker practitioner attended the meeting to discuss safeguarding protocol and provide a question and answer session on completing the preliminary screening process. Residents were regularly provided information on safeguarding in a format that they understood at their weekly household meetings.

The person in charge carried out checks of the residents' finances to ensure each resident's money was maintained appropriately. There were a number of local audits, such as the monthly data report that provided good oversight over the residents' finances.

On review of a sample of ten staff member files, all staff had been through the appropriate vetting system.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Willows OSV-0002394

Inspection ID: MON-0038591

Date of inspection: 30/07/2025

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: • Technical Services have been contacted. Grass has been cut and weeds removed. The PIC is exploring options for ongoing garden maintenance to ensure the outdoor areas are maintained to an appropriate standard. • Technical Services have also been requested to regularly review the maintenance system, including the boiler, to ensure servicing is carried out in line with schedule and regulatory requirements.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Flooring in residents' ensuite bathrooms (upstairs & downstairs) will be replaced by 1/3/26. • Flooring under washing machine will be replaced by 1/3/26. • Kitchen flooring will be replaced to ensure it is cleanable by 1/3/26. • Flooring in the main bathroom will be replaced by 1/3/26. • A washable flooring will be put into the shed where the washing machine and drier are by 1/3/26. • Grouting will be replaced on showers by 1/3/26. • Shower areas will be resealed by 1/3/26. • Rusty radiators will be repainted by 1/3/26. • Doors and door frames will be repaired and repainted by 1/3/26. • Peeling paint over showers will be painted by 1/3/26. • The half door in the kitchen will be repainted by 1/3/26.	

- The timber unit in residents bedroom will be replaced by 1/3/26.
- Residents metal stand in ensuite has been replaced.
- Foot stool behind sink has been cleaned.
- Labels on small fridges have been replaced.
- The trampoline has been cleaned and added to the cleaning schedule.
- Plastic bags have been added to small bathroom bins.
- The sun umbrella has been replaced.
- The rotary clothes line has been cleaned and pegs removed.
- Detailed legionella protocol has been added to the cleaning schedule.
- A thermometer has been purchased to monitor water temperature.
- The risk assessment has been updated to reflect all procedures in the IPC policy.

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	01/03/2026
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.	Not Compliant	Orange	01/03/2026