



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

Issued by the Chief Inspector

Name of designated centre:	Woodhill Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0004944
Fieldwork ID:	MON-0032472

About the designated centre

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

Woodhill Services provides residential care and support to adults with a moderate to severe intellectual disability. The designated centre can provide residential services for up to 12 individuals from the age of 18 upwards, and can accommodate both male and female residents. The designated centre comprises of three residential houses and is located near a large urban setting. The designated centre benefits from their own transport and is located near public transport routes also. The residents have access to a range of amenities in their local community, including shops, cafes and restaurants. Some residents avail of day services outside of the designated centre and some individuals are supported to have an integrated day service within the designated centre in line with their personal requirements. All residents have their own bedrooms. There is ample communal space within the centre and access to private gardens to the rear of the houses for residents to enjoy. A team of staff are on duty both day and night to support the residents who live at the designated centre, with sleepover staff in place during the night. Additionally there is an out-of-hours service to provide additional support, if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 27 May 2021	10:00hrs to 16:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that residents living in Woodhill were provided with a safe, person-centred service, where rights and individual choices were respected. Residents were supported by a staff team who appeared to know them well, and on the day of inspection staff were observed to respond to residents' needs in a caring and considerate manner.

The designated centre comprised three houses located on the outskirts of a city. Two of the houses were adjoining semi-detached homes, and one house was a detached two-storey house near the city. During this time of the COVID-19 pandemic, the inspector spent time reviewing documentation and meeting with members of the management team in an office location that was not part of the centre. Towards the end of the inspection the inspector visited one location where they met with three staff and all five residents who lived there. In addition, the inspector spoke with two staff from the second location through telephone calls, and offered to speak with residents who lived there, but this was declined at this time.

Residents who the inspector met appeared happy and content in their home, with the staff supporting them and with each other. On arrival to the centre, the inspector was greeted at the door by a staff member and two residents. Residents were very welcoming, and the inspector spent some time in the house meeting with all five residents while adhering to the public health measures of physical distancing, limiting time spent, and the wearing of a face mask. There was a large garden to the rear of the house, which was colourfully decorated and contained birdhouses, plants, shrubs and garden furniture. The inspector was informed, and residents also spoke about their involvement in a gardening project to enhance their garden area, and one resident spoke about having barbeques in the Summer.

In general, the inspector was informed that residents were getting on well at this time. Residents spoke about some activities that they were enjoying such as; baking, gardening, learning new skills, listening to music, taking part in online music sessions and going for drives and walks. Residents interacted with the inspector on their own terms and were noted to be freely moving around their home. One resident was observed to be having a snack at the kitchen table while watching a music concert on a technological device. The resident appeared content and comfortable in their environment. One resident spoke about the music that they liked and told the inspector they had gone to feed horses that day, as this was something they really enjoyed. Another resident spoke briefly with the inspector with the support of staff, and mentioned things that they enjoyed such as; concerts, bus drives and walks. When asked if they liked living at the centre and felt happy there, the resident indicated that they did, by nodding their head.

The inspector was informed that prior to the COVID-19 pandemic residents attended day services and had active social lives, including going to the cinema, attending concerts and visiting family, most of which had now been curtailed due to the

pandemic. Residents were supported to maintain contact with family through phone and video calls, and one resident told the inspector that they were going to visit family for a few hours over the next few days. Another resident told the inspector that they were missing seeing their family and missing attending their day service, and they spoke about their upcoming birthday saying that a family member may call to visit then. The resident seemed to have a good understanding about the COVID-19 restrictions as they spoke about the 'virus' and said that they wear a face mask when going to shops.

Staff who worked in the second location spoke with the inspector through telephone calls. Staff members talked about how residents were being supported at this time through having a time-table of daily activities that residents enjoyed, and which they said helped provide structure to the day. Residents were reported to be engaging in online classes, gardening, baking, going for seaside picnics and walks. One resident was reported to have gone for a picnic to the lake that day and some other residents were reported to have enjoyed an online music class with their music teacher. In general, residents were reported to have adapted well to the changes brought about due to the restrictions during the COVID-19 pandemic, and the inspector was informed that while some residents were keen to return back to their day service, others appeared to enjoy taking part in activities from their home. The person in charge informed that inspector that the provider was currently reviewing day service provision, and there were plans to assess residents' preferences with regard to day service. This was also noted as an identified action arising from the provider's recent audit.

In addition, the inspector reviewed documentation such as care plans, daily activity records, the annual review of the service and provider audits. The inspector noted that residents were supported with making choices about how they lived their lives and what goals they wanted to achieve in the future; to include learning new skills. A review of documentation indicated that residents were consulted about the running of their home, and were provided with a range of easy-to-read documentation on topics such as; complaints, staying safe, human rights, COVID-19 and public health guidance. In addition, an accessible easy-to-read Statement of Purpose was in place. The inspector noted through documentation review, observations and discussions with residents and staff that the staff team were supporting residents to maintain links with their wider community and family at this time during COVID-19 restrictions, and in line with residents' wishes. Staff spoken with appeared knowledgeable about residents' likes, dislikes, communication preferences and healthcare needs.

Overall, residents appeared to live a person-centred life, where their individual support needs, choices and individuality were respected. Staff spoke about residents in a respectful and caring manner, and appeared to be very knowledgeable about residents' support needs. 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

The inspector found that there was a good governance and management structure in place in the centre which ensured that the care delivered to residents was of a good quality and met the needs of residents. However, some improvements were required in regard to risk management, documentation of a behaviour management protocol and in the oversight of notifications that are required to be submitted to the Chief Inspector of Social Services.

The person in charge had taken over responsibility for the centre in the months prior to the inspection. She worked fulltime and had the appropriate qualifications and experience to manage the centre. She was supported in her role by a service co-ordinator who was also involved in the operational management of the centre. In addition, there were team leaders based in each location, who carried out some delegated tasks and who also worked as part of the front line staff supporting residents.

The centre was found to be adequately resourced on the day of inspection and a review of the roster demonstrated that a team of consistent staff was in place to ensure continuity of care. There were some vacancies in one location of the centre and the person in charge informed the inspector of plans to address these vacancies. There was an on-call system in place for out-of-hours should this be required, and this was available to staff who worked alone at night in each house.

Staff were offered opportunities for training in a range of areas including safeguarding, behaviour management training, safe administration of medication, fire safety and training associated with infection prevention and control for COVID-19. A review of the training records that was in place demonstrated that the provider ensured that staff were supported in their continuous professional development throughout the COVID-19 pandemic, with bespoke training developed and online training made available where face-to-face meetings could not occur. Team leaders were delegated the task of completing formal support and supervision sessions with front line staff, and a schedule was in place for these meetings to occur throughout the year. Staff who the inspector spoke with said they felt that they were well supported in their role and could contact members of the management team at any time if this was required.

The inspector found that there were systems in place to review the quality and safety of the centre including unannounced provider audits and an annual review of the quality and safety of care and support of residents which are required by regulation. The annual review of the service provided for consultation with residents and families. The findings from audits were used to inform quality improvements actions to enhance the service. The provider had identified in the most recent unannounced audit that team meetings did not occur frequently, and an action was developed to address this. The person in charge informed the inspector of plans to resume these meetings and to hold them more regularly. This would further support staff to have opportunities to raise any concerns to the management team, about

the quality and safety of care and support provided in the centre.

In addition, the person in charge ensured regular reviews of incidents took place and also maintained a schedule for audits on health and safety including audits regarding the prevention and management of COVID-19. A sample of these audits reviewed demonstrated good oversight by the management team, where areas that required improvements were noted and where actions were identified to address issues of concern.

However, the oversight and monitoring of notifications that were required to be submitted to the Chief Inspector with regard to restrictive practices required strengthening. While the inspector found that in general most incidents were submitted as required under the regulations, it was found that not all restrictive practices that had been assessed and reviewed as a restrictive practice through the organisation's systems were included in the quarterly notifications.

In summary, the inspector found that the governance and management of the centre was good and that there were systems in place for monitoring the quality and safety of care in the centre; however improvements in the systems for the oversight of notifications would ensure further compliance with the regulations.

Regulation 15: Staffing

The centre appeared to be adequately resourced on the day of inspection to meet the number and needs of residents. There was rota in place which reflected what was happening on the day. Some abbreviations that were used on the roster made it difficult to understand what the actual rota reflected; however the person in charge addressed this when it was brought to her attention. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

A range of training was provided to staff to support them in their role in providing quality care and support to residents. A supervision schedule was in place for support meetings with front line staff, which was carried out by the team leaders in the centre who had received training in this area.

Judgment: Compliant

Regulation 23: Governance and management

While there were good arrangements in place for the ongoing monitoring of the quality of care and safety in the centre, improvements were required in the oversight arrangements to ensure that the auditing systems completed by the management team picked up on the areas of non-compliance.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A Statement of Purpose was in place, which had recently been reviewed. It was found to contain all the requirements under Schedule 1 of the regulations. In addition, an easy-to-read version was in place and available for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

In general, notifications were completed and submitted to the Chief Inspector; however not all restrictive practices had been included in the quarterly notifications.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents received a good quality service and that there were suitable arrangements in place which ensured a safe and person-centred service. Residents' rights were promoted and a range of easy-to-read documents were made available to residents to support them in their understanding of various topics.

Residents' health, personal and social care needs were assessed and care plans were developed where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be

offered choice.

Residents were supported to identify and achieve personal goals and these were kept under review and updated regularly on the progress. An example of goals identified included; seaside picnics, getting a basketball hoop for their garden, organising their birthday celebration and learning about road safety and aspects of their care plans such as safe eating. In addition, residents were supported to be as independent as possible through the identification of skill building goals, such as learning to complete various household tasks.

The inspector found that residents were supported to maintain the best possible health outcomes by being facilitated to access a range of allied health care professionals such as; general practitioners (GPs), dentists, opticians and chiropodists. Residents also had access to multidisciplinary supports such as psychiatry and psychology services. The inspector found that residents were kept informed about the COVID-19 public health guidance through regular discussion at residents' meetings where demonstrations about hand hygiene and education about the wearing of face masks and physical distancing occurred. One resident spoke about how they use face masks when out shopping, and demonstrated how they greet people now through elbow touches, rather than hand shakes.

The inspector found that that residents who required support with behaviours of concern had plans in place detailing proactive and reactive strategies to support them. Staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the person in charge and and through reviews at the organisation's human rights committee. However, one behaviour management protocol required review as it was not clear what exactly the behaviour was that required support, and staff spoken with were not clear on what the specific behaviour was that required support.

The provider promoted safeguarding of residents through staff training and educating residents about how to stay safe. In addition, the person in charge regularly reviewed incidents and where any incident occurred that may indicate a possible safeguarding issue, the person in charge followed up with the designated officer. For example; an incident that had occurred earlier in the year had been identified by the person in charge as a possible safeguarding concern, and this had been followed up in line with the safeguarding procedures in ensuring that a preliminary screening was completed to assess if there were grounds for concern or not. This resulted in a safeguarding plan being developed, and which was found to be kept under regular review. Staff spoken with talked about what they would do if there was a concern of abuse and appeared knowledgeable about how to minimise possible issues between residents where incidents had arose previously.

The provider ensured that systems were in place for the prevention and management of risks associated with COVID-19. The person in charge had completed the Health, Information and Quality Authority (HIQA)'s self-assessment audit to assess the centre's preparedness for a COVID-19 outbreak. Some of the measures in place to prevent and control infection included hand hygiene equipment, posters, personal protective equipment (PPE), staff training and

discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 that included plans in the event of an outbreak of COVID-19. Residents had individual care plans in place in the event that self-isolation was required, and there was evidence that social stories and easy-to-read documentation were available for residents to help support their understanding of COVID-19.

There were systems in place for the identification, assessment and management of risk, and there were service and individual resident risk assessments and emergency plans in place. However, the inspector found that some improvements were required to ensure that all risks that had been identified were assessed. For example; some risks identified and noted in behaviour managements plans were not included on the individual residents' risk register and therefore did not have assessments completed.

In summary, residents' were supported to live person-centred lives where their rights and choices were respected and promoted. Residents who the inspector met with appeared happy and content in their home, and with the supports provided by staff.

Regulation 10: Communication

Residents had comprehensive communication plans in place to support staff in understanding their preferred communication methods. In addition, residents had access to technological devices, telephones, internet and magazines in line with their individual choices.

Judgment: Compliant

Regulation 26: Risk management procedures

Some improvements were required in the area of risk management to ensure that all risks that had been identified for individual residents were assessed. For example; a risk of infection for a resident with regard to a particular behaviour had been identified, but had not been assessed in line with the risk management procedure.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were good systems in place for the prevention and

control of infection; including the risks associated with COVID-19. These included; enhanced cleaning schedules, staff training, education of residents about infection transmission risks, availability of personal protective equipment (PPE) and contingency and outbreak management plans for COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were developed where required. Residents were supported to identify goals for the future and these were kept under review, with progress notes in place. Residents and their families were involved in their annual reviews.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health, by being supported to access a range of allied healthcare professionals where this was required. In addition, residents had access to multidisciplinary supports such as psychology, psychiatry, physiotherapy and speech and language services. Residents were supported to maintain their health and wellbeing at this time through a range of easy-to-read documents, discussion at resident meetings and being supported to access vaccination programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which had a multidisciplinary input. In general the plans were comprehensive in nature and identified proactive and reactive strategies to support with identified behaviours. However, one plan in place required review as it did not clearly identify what the actual behaviour was that required support and management.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred, discussion with residents about how to stay safe and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted through regular resident meetings and a range of easy-to-read documents to support understanding of a range of issues. A review of documentation and a discussion with residents indicated that residents were supported to make decisions in their day-to-day lives and were encouraged to be as independent as possible through skills building programmes and education. In addition, the inspector was informed that some work was currently being completed with residents to identify their wishes and choices around day service provision.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodhill Services OSV-0004944

Inspection ID: MON-0032472

Date of inspection: 27/05/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge shall ensure that all notifications are submitted with in the required time frame and for all restrictions.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge shall ensure that all notifications are submitted at the end of each quarter of each calendar year in relation to all incidents occurring in the designated Centre, any occasion on which a restrictive practice is used including physical, chemical or environmental restraint.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

The person in charge shall ensure that all risks are reviewed and updated annually or when there is a change in circumstances in order to ensure the risk register reflects the information regarding the risks posed in the centre.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Person in Charge will meet with the Advanced Nurse Practitioner, Team Leader and staff team to review the behavior support plan for one of the residents to ensure that it clearly identifies the behavior that requires support and management as well as the proactive and reactive strategies required.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
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	31/07/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is	Not Compliant	Orange	30/06/2021

	provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/07/2021