



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:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	16 December 2024
Centre ID:	OSV-0005792
Fieldwork ID:	MON-0036746

About the designated centre

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

The Willows is located in a rural area of Co. Wexford, close to a small village. A large town, which has all services and amenities, is a short commute away. The house comprises of a three bedroom bungalow and a separate one bedroom apartment is on the same site. Both the bungalow and the apartment have their own private garden spaces and there is ample parking. The provider's stated objective is to provide 24 hour care to persons diagnosed with autism spectrum condition. The house provides full time support to one adult, who lives in the self-contained apartment. The main house provides care for four residents, with a maximum of three residents in the house at any one time. The aim of care, as set out in the centre's statement of purpose, is to provide person centred, tailored service appropriate to residents individual needs, wants and dreams. Increasing independence in skills for daily living is a core objective and staff actively encourage and promote social inclusion. Residents have access to daily activities and transport is available to facilitate such activities. Residents present with a broad range of needs in the context of their disability and the service aims to meet these requirements with physical, mobility and sensory support. The model of care is social and the staff team is comprised of social care workers and support workers, under the guidance and direction of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 16 December 2024	09:30hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the designated centre. This inspection was completed by one inspector over one day. From what residents told the inspectors and based on what the inspector observed, a good quality of care and support was provided in this centre. Although the inspector did identify some areas for improvement in regulation 23, 28 and 18. These areas will be discussed in more detail throughout the report.

This centre consists of two buildings on the same grounds. The first building is the main house which is made up of three bedrooms, an office, kitchen and dining area along with a spacious living room and utility. This house is utilised for respite purposes and has no more than three residents in at any one time. The second building is a large garage which has been converted into a one-bed apartment. The apartment has a spacious living and dining area and one en-suite bedroom with access to the garden. This apartment is home to one full time resident and is decorated to their taste. There is also an office located in the back garden which was accessible from both the main house and the apartment.

On arrival to the centre the inspector completed a walk around of the premises and found it to be clean and in good state of repair. The inspector had an initial meeting with the two staff holding the role of person in charge and the person participating in management who was the area manager. The area manager has responsibility for two other residential houses and two day services all operated by the same provider.

The first resident arrived to respite around 10am and was supported to prepare and have something to eat, the inspector observed a lot of chat and laughter from both the staff and resident while they sat and ate together. This resident then went into the sitting room to relax and was supported to choose a film to watch. The inspector sat with them and the resident was happy to engage in conversation about the skeleton he had brought in with him and how he planned to paint the windows in the sitting room with a large pumpkin that had big eyes. The resident was enjoying a hot drink and was engaging in humorous behaviour that they were using a cup that belonged to a staff member. Later that morning the inspector observed the staff and resident cleaning the previous painting on the window and supporting the resident to paint a pumpkin.

The inspector spent some time in the apartment speaking to the resident and their staff. The resident had picked out their lunch and was sitting at the kitchen table with staff. They appeared comfortable in their space and independently made a pot of tea. The apartment had reference to 80's music on the wall above the resident's arm chair. When the resident went to sit down and watch TV they also had 80's music playing and was observed moving to the music. While the apartment appeared bare this is in line with the resident's needs and wishes. They like to remove the blinds during the day and only have them up when it is dark. They are

able to remove them independently and store them in the press during the day. The resident was happy to have long curtains up in his bedroom throughout the day. While spending time in the apartment, the resident on a number of occasions put their hand out to staff and the inspector and said tickle. Both staff and inspector tickled the back of the residents hand, they smiled and returned to having their lunch and making tea.

Overall, the inspector found that residents were supported by a staff team who were respectful in the language they used and communicated in line with the residents assessed needs. They lived in a warm, clean and well-maintained home. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. The provider had sourced an improved quality of fire training and the area manager was working on an additional in house fire training component.

The provider has systems to monitor the quality and safety of residents, including area- specific audits, unannounced provider audits every six months and annual review. Through a review of documentation and discussion with staff the inspector found that the provider's systems to monitor the quality and safety of care and support were being utilised and proving effective at the time of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting the fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The post of person in charge was full-time. There were two persons employed in the post, they had the necessary skills, experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. The inspector observed both interacting with the residents on the day of inspection and the residents were seen to be comfortable in their presence.

The provider had ensured that both persons holding the role of person in charge were appropriately supported and supervised. This was carried out by the area manager. The area manager held both performance reviews and practice supports on a regular bases with both staff. The inspector reviewed these records and found them to include conversations on the topics of safeguarding, managing family concerns and audit schedules. Both staff had a consistent roster that was available to the staff team. They both spoke about the availability and support they receive from the area manager. They highlighted that the area manager was present in the centre regularly and available by phone when required.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was sufficient staff on duty to meet the assessed needs of residents. The staffing team consisted of senior social care workers, social workers and support staff. The team was supported by the two staff members in the role of person in charge and the area manager. The inspector reviewed the staff roster for the previous two months. The rosters were found to include the staff full names and grades and were updated to reflect any changes from the planned roster. The rosters contained important information such as, identified pick up and drop off times for residents using the respite service and had identified where staff were attending training.

The centre had a vacancy of two support staff at present and this was managed with the use of agency staff and part time core staff taking on additional hours to cover shifts.

There was evidence of good communication between the staff team. For example, a handover document was completed for each shift where staff recorded duties such as medication, finances and infection prevention control.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix that was available in the centre. The staff team for the most part were appropriately trained. All staff had completed training in medication management, manual and patient handling and safeguarding. Although on review of the matrix two staff members had not received fire training. This was highlighted by the inspector on the day of inspection. The person in charge provided evidence on the day showing both staff members had completed the online theory component of fire training but had not yet completed the practical element, therefore they were not fully trained. This will be discussed further under regulation 28.

The provider had recently employed two new staff members to fill vacancies in this centre. Both staff completed a full induction and core skills week before commencing on shift. The person in charge had also carried out a performance review with the new staff and had set out expectations in relation to their role. For example, supporting residents with behaviours that challenge and becoming familiar with their behaviours support plans and risk assessments.

All staff had received supervision in the form of practice supports. This meeting gave staff an opportunity to discuss their role, how they were getting on and any concerns they might have. These meetings were supported by the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was in place in the centre during the inspection. The providers last two six-monthly reviews and latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of the residents living in the centre. The area manager was also carrying out unannounced night visits to the designated centre. Topics discussed on such visits included safeguarding, infection prevention control and restrictive practice.

As previously mentioned, the provider had implemented a number of systems which had led to improved oversight and monitoring in the centre. Staff had defined roles and responsibilities and the lines of accountability and authority were clear. These were discussed with all staff through performance management and practice supports meetings. Their audits and reviews were picking up on areas for improvement and driving positive changes in relation to residents' care and support. For example, each resident had a yearly review where all their documents were updated to reflect any changes. This review was held with the residents family, staff and management. All except one resident had completed their review and the

remaining residents review was planned for the coming week.

The inspector found however, that in the area of managing notification of incidents to the Chief Inspector has not been effectively managed. Two notifications had been submitted late and the quarterly returns for quarter three of this year had not been submitted. This was discussed on the day of the inspection and have subsequently been submitted.

The inspector reviewed a sample of area specific audits for 2024 including medication, finances, personal plan and vehicle checks. These audits were detailed and provided action plans for areas identified for improvements. For example, the medication audit identified medication that had not been used needed to be returned to the pharmacy. These actions were ticked off and signed by the person in charge as they were completed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

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

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre provided a comfortable home that was in good state of repair both internally and externally. The house was suitably designed and equipped to support the residents, It had a homely feel and was clean and warm. Residents had the opportunity to be part of the local community and were supported through person centered planning. They were making decisions on how they wished to spend their time. The resident who lived at the centre on a full time bases was support to maintain connections and spent time with their families. The inspector noted they were planning their trip home to their family for Christmas.

Regulation 17: Premises

As previously described the centre comprises of two buildings, the main house and an apartment. The apartment was decorated to suite the assessed needs and preferences of a full-time resident. Both buildings were in good state of repair and were clean and warm. Residents were observed to walk around with ease and were familiar with the layout. There was adequate communal and private space for residents. Residents were observed to help themselves to drinks, snacks and make tea independently.

The respite users did not have to share a bedroom with others and the staff had supported them to decorate their bedroom to their liking. One resident had a large mural on the wall and one had pictures of their family close to their bed. There was also adequate storage facilities for the residents to store their clothing and person belongings.

Judgment: Compliant

Regulation 18: Food and nutrition

A variety of meals were provided to residents and residents were given choice around what they wanted to eat. It was also noted that there was flexibility regarding meal times in line with residents' preferences. The aromas of cooking were present in the centre on a few occasions, and residents were observed participating in the preparation of food. For example, one resident had a pizza base and a variety of toppings to choose from in separate bowls. They were given support to choose their preferred toppings and make their homemade pizza.

The fridges contained a variety of fresh and wholesome food including fruit, vegetables, meat and dairy products. However, the safe storage and preparation of gluten free foods to reduce the risk of contamination required review. The inspector was informed that one resident followed a gluten and dairy-free diet. There was no risk assessment or support plan in place to offer guidance for staff. Furthermore, there was no specific storage or preparation areas, for gluten free foods separate to foods which contain gluten therefore, there was a risk of cross contamination.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspector reviewed the resident's' guide that was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory

requirements. For example, it detailed how residents can make a complaint if they feel the need.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The safety of residents was promoted through risk assessment and learning from incidents.

The inspector reviewed the centre specific-risk assessments and two residents individual risk assessments. They were found to be up -to -date and reviewed regularly. In addition, inspectors found that where risk assessments were in place that the associated control measures were specific and detailed to guide staff practice. It was evident that incidents were reviewed and learning from such incidents informed by practice. For example, one resident was experiencing a period of increased anxiety recently and this led to an incident occurring when the resident was transitioning from respite. After this incident a meeting was held with the residents family and support staff. The residents' risk assessments and support plans were updated to reflect a new location for drop offs while the resident was experiencing higher levels of anxiety. This plan was effective and when the resident returned to baseline staff were able to revert back to the original location.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a personal emergency evacuation plan which clearly outlines the supports they may require to safely evacuate in the event of a fire. Although there was an absence of guidance in the event of a fire at night-time.

The centre had carried out a number of fire drills in line with their policy although, the inspector noted they had not done a drill with the minimum staffing levels and maximum number of residents present. Therefore the inspector was not assured all residents could be safely evacuated in the event of a fire at night when only one staff member was on duty.

As mentioned earlier in the report, two staff members were not fully trained in fire safety. The inspector was provided with evidence that both staff members had completed their online theory component of fire training. The inspector did also review a blank induction document that indicated staff were subject to specific fire safety training within the designated centre during their induction. However, the

provider was unable to provide evidence of completed documentation for both staff on the day of the inspection and therefore the inspector could not be assured they had been completed. Both staff were also still awaiting the practical element of fire training which included the use of fire fighting equipment. One of these staff was noted to be lone working at night within the centre recently.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment. These records were reviewed by the inspector for 2024, they were found to be effective in identifying faults with fire doors and these faults were seen to be reported and fixed within an acceptable time frame.

Judgment: Not compliant

Regulation 8: Protection

Residents were protected by the provider's policies, procedures and practices in relation to safeguarding and protection. Overall in this designated centre the residents were found to be kept safe and well protected at the time of the inspection. All staff were trained in relation to safeguarding and protection and were found to be knowledgeable in relation to how to keep the residents safe. For example, a recent incident where a resident was at risk was well managed by staff and reported in line with the provider's policy and national guidance.

The centre had one open safeguarding plan in place. This plan was under ongoing review and support plans had been developed to offer guidance to staff in implementing the control measures to keep the resident safe.

Judgment: Compliant

Regulation 9: Residents' rights

Through review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they wished to spend their time and what they would like to eat and drink. For the most part, staff had completed the human rights online training and the inspector observed staff to be respectful to residents. For example, when staff were getting ready to go out on the bus, they were encouraging the resident to get ready and use the bathroom they did this through fun and humour as per the resident's behaviour support plan and the resident responded positively to this approach.

Each of the residents received a questionnaire which has been send to the centre in

advance of the inspection. The inspector has received two completed questionnaires and reviewed the contents. Residents had completed or had been assisted to complete the questionnaires on "what is it like to live in your home". One resident was supported by their family to complete the questionnaire. From review of these questionnaires, residents and their representatives indicated they were happy with the house, their bedroom and they felt safe in the centre. While the questionnaires indicated that staff knew and understood them well it did highlighted that they were not familiar with all staff as there has been recent changes to the staff team. As mentioned previously in the report two new staff have recently joined the team and are still becoming familiar with the residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0005792

Inspection ID: MON-0036746

Date of inspection: 16/12/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Quarterly reminder emails have been set up to remind managers to complete quarterly returns</p> <p>The managers weekly checklist is in place to ensure managers are reminded weekly to submit any required notifications to HIQA</p> <p>The timeliness of notifications to be discussed at the next CQIC (Quality meeting) and the timeliness of reporting to be discussed at next team meeting in the designated centre.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Dietary requirements and/or recommendations will be referenced in the Residents "about me" document and Health file to ensure appropriate guidance is provided to staff,</p> <p>Where a formal diagnosis is in place, this will be noted, and appropriate risk assessments and restrictive practice paperwork will be completed to support same.</p> <p>Dietary requirements and/or recommendations will be discussed at the next CQIC (Quality meeting) to ensure all service managers have the appropriate guidance in place for staff,</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEP template will be updated to reflect a section for nighttime evacuation</p> <p>Core skills/Induction week schedule will be reviewed to explore the possibility of adding the practical fire training to this schedule</p> <p>Fire safety training program being reviewed to reference the service specific fire safety training staff receive on service induction</p> <p>Fire Drill template in place references the requirement for a simulated night drill,</p> <p>Area Manager to attend the next team meeting to discuss the simulated night drill with staff team to further support understanding,</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	07/03/2025
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	07/03/2025
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive	Not Compliant	Orange	07/03/2025

	suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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