



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

## Issued by the Chief Inspector

Name of designated centre:	Willow Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0007858
Fieldwork ID:	MON-0036143

## About the designated centre

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

Willow lodge provides a respite service for up-to-four residents with physical and learning disabilities. Respite care is offered on a planned basis and emergency respite can be offered following an initial assessment of need as detailed in the centre's statement of purpose. Each resident had their own bedroom for the duration of their stay and the centre is adapted to meet the needs of residents with reduced mobility. Residents are supported by two staff members during the day and one waking staff and one sleep-over staff support residents during night time hours. The service is generally offered from Monday-to-Friday, but it is also operational for one weekend in the month. The centre is located in rural setting, within a short drive of a local town.

**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
Tuesday 6 December 2022	10:00hrs to 15:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector met with and spoke with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

This centre was homely and nicely decorated throughout, and it was evident that all efforts had been made to ensure a safe and person centred environment for all residents who enjoyed short respite breaks in this centre. The provider also ensured that they were adhering to public health guidelines to ensure that residents were protected in relation to the current public health risk.

On arrival at the centre the inspector observed that infection control practices were in place. There were signs relating to current public health guidance, hand hygiene facilities and personal protective equipment (PPE) were immediately available and visitors were required to complete a questionnaire, relating to their current COVID-19 status, including temperature, and the expected practices were outlined in a visitors' protocol. The provider recognised that this questionnaire was no longer a requirement but had maintained it to promote good practice and awareness to protect the residents and staff.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean, hand hygiene stations were readily available, and staff were seen to be adhering to the current public health guidelines. Any equipment in place in order to meet the needs of residents was clean and well maintained.

There were two residents present during the inspection, another resident had already left and attended their day service. One resident was very chatty with the inspector, showed the inspector around the centre and was very friendly. Staff spoke and interacted in a kind, caring, professional and respectful manner at all times with residents. The inspector also noted that the residents were at ease and comfortable with staff during the inspection. One resident was heard asking about their next planned break, and also discussed arrangements for their birthday celebration in the centre. Therefore the inspector observed residents going about their daily lives and their interactions with staff, spoke to staff and reviewed documentation.

Residents were engaged in various activities throughout the day, including outings, preparation of snacks and attendance at groups or activities of their choosing. Infection prevention and control practices were observed throughout. It was also evident that all efforts had been made to ensure that residents had access to various activities throughout the restrictions since 2020 and that opportunities were being built upon and offered to residents.

Information had been provided to residents throughout the public health crisis, both through the residents' household meetings and through the development of easy read information. This took the form of pictorial social stories for residents, including issues such as cleaning, being ill and vaccinations. While it was difficult to ascertain the level of understanding that some residents achieved via these means, it was clear that all efforts had been made to pass on relevant information. Staff were also noted of reminding residents about personal space and contact guidance.

Staff were responsible for ensuring that both the routine and enhanced cleaning tasks required due to the public health crisis were being completed. Staff discussed the arrangements in place for the cleaning of the centre, including additional daily cleaning tasks and support for residents in maintaining clean personal living environments. They also outlined the different strategies that had been put in place to support individual residents, including any anxiety or lack of understanding, and ways of ensuring a meaningful life for residents. The inspector also noted that the provider had learning from another IPC inspection and at the time of this inspection the person in charge had addressed and ensure that these issues were corrected in this centre. This included appropriate colour coded mop system, appropriate laundry practices, cleaning tasks were clearly outlined which included daily, weekly and monthly tasks. Documentation such as contingency plans and policies were also in review but the policies were still in process at the time of this inspection.

The provider and staff had ensured that residents were kept safe and were not subjected to unnecessarily restrictive arrangements which might prevent them from leading active lives or enjoying respite breaks, which included personal freedoms in the centre and beyond public health guidelines in place at various times over the last year during this pandemic.

## Capacity and capability

There was an established management structure in place which had identified the lines of accountability. There was a clearly identified team with responsibility for managing the COVID-19 pandemic including an identified lead.

Various meetings were held at which IPC was discussed, including team meetings, management meetings, and person in charge information sharing meetings. The minutes of these meetings were recorded, and any identified actions were monitored to ensure implementation.

Policies and procedures had been developed or revised in accordance with best practice. These included policies and procedures relating to personal protective equipment (PPE), hand hygiene, decontamination, laundry and waste disposal. Policies were currently under review following a recent IPC inspection in another centre, and drafts were available during this inspection but were awaiting approval by the management team of the centre. The inspector found that the revised documents contained the relevant information to ensure staff were guided in their

practice, in line with current public health requirements. The person in charge spoke about the on-going work in relation to the policies and procedures and their involvement in this process.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease. Risk assessments in relation to the centre and to individual residents had been completed, and included control measures to mitigate the risks identified. Risk assessments covered such areas as a shortfall in the provision of PPE, visits to the centre, the management of staffing and plans for isolation if required.

Staffing numbers were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff had been in receipt of all mandatory training, including training relating to the current public health guidelines. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item for discussion. There were additional communication strategies in place to ensure that staff had access to any changing information immediately.

The inspector had a discussion with those members of staff on duty on the day of the inspection, and with the person in charge, and all staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life for residents.

## Quality and safety

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated. Each personal plan included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being suspected or confirmed case of COVID-19. Plans had been updated with relevant IPC guidance, and goals had been set with residents at various stages of the pandemic. These goals were archived upon achievement, and different goals introduced, including skills teaching and leisure activities. Goals were recently updated following removal or reduction of community restrictions.

Each resident had a 'hospital passport' which outlined their individual need in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about needs of each resident.

Cleaning had been identified as a priority by the provider, and there were multiple examples as to how this had been implemented. Regular cleaning records were

maintained, and the inspector reviewed records of cleaning which was taking place on a daily and weekly basis. There was clear evidence that each resident's room cleaned and sanitised regularly after each respite break. All staff were observed adhering to public health guidelines.

A review of the service had been developed by the provider, and this included a review of the management of the public health crisis. There was a system of audits in place, including a detailed infection control audit.

Overall, the inspector noted that the provider had addressed some issues identified in IPC inspections and the inspector found that the measures implemented were satisfactorily and that the completion of the policies and procedures was still ongoing at the time of this inspection. Therefore, the provider had ensured the safety of residents attending this centre for respite breaks, and that they received a good level of care and support during their time spent in the centre.

### Regulation 27: Protection against infection

Overall, the provider had put in place systems and processes that were consistent with the national guidance and standards and has supported staff to deliver safe care and maintain a good level of infection prevention and control practice. Strategies were in place for the management of an outbreak of an infectious disease, and practices to prevent any outbreak were evident.

Improvement was required as policies and procedures were awaiting review and sign off by the management team at the time of this inspection.

Judgment: Substantially 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Willow Lodge OSV-0007858

Inspection ID: MON-0036143

Date of inspection: 06/12/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Review of all Policies, Procedures and Guidelines for the Service is ongoing with the Governance Team with timelines and actions allocated. <ul style="list-style-type: none"> <li>• The review process will be completed by February 2023</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2023