



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:	Unannounced
Date of inspection:	01 November 2023
Centre ID:	OSV-0002394
Fieldwork ID:	MON-0038597

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 city. 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.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 1 November 2023	08:55hrs to 15:20hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day, and was facilitated by the person in charge and service manager. Over the course of the day, the inspector also met with staff members and with most of the residents who lived in the centre. On the day of the inspection, there were seven residents living in the centre.

On arrival to the centre, residents were busy getting ready to start their day. All residents used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with residents and staff, monitoring care practices, and reviewing documentation.

Residents indicated to the inspector that they were very happy living in the centre. From communicating with residents, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. Warm interactions between residents and the staff team supporting them were observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with residents in a respectful and supportive manner.

The inspector met one resident who lived in an apartment which adjoined the main house. This resident told the inspector that they were happy in their home. They spoke about their plans for the day as chosen by themselves. On the day of the inspection, maintenance works were being completed in the apartment to install a new kitchen for the resident, which would result in positive outcomes and provide the resident with better facilities. This resident had recently purchased a car and were supported by staff to access a variety of community based activities including grocery shopping, picking up their own medication and trips to the beach.

The centre also had its own dedicated transport which was used by staff to drive the other residents to various activities and outings. In addition, the centre was located within walking distance of a range of local amenities.

Another resident had also just recently secured funding to purchase a new communication aid, which had a positive impact on the resident's communication and overall quality of life.

Residents were supported to engage in meaningful activities on an individual basis. The inspector had an opportunity to look at some of the residents' personal plans, which included photos of activities residents had engaged in during the year to date. Examples of activities that residents engaged in included, visiting sensory gardens and libraries, day trips to the beach, shopping, and celebrating a number of seasonal holidays throughout the year.

The person in charge described the quality and safety of the service provided in the

centre as being very good and personalised to the residents' individual needs and wishes. They spoke about the high standard of care all residents received, and had no concerns in relation to the wellbeing of any resident living in the centre. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

The inspector carried out a walk around of the centre in the presence of the person in charge. The inspector observed that the house was well maintained and the residents had artwork and photographs on display throughout the house. Each resident had 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. Some residents had their own en-suite bathrooms, which provided residents with more accessible facilities with regards to their personal care.

To the rear and front of the centre, was a well-maintained garden area, that provided outdoor seating for residents to use, as they wished. The provider had also installed a "men's shed" for one of the residents who enjoyed spending time in the garden.

There was evidence that the residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The inspector did not have an opportunity to meet with the relatives of any of the residents, however a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

From what the inspector was told and observed during the inspection, it was clear that residents had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, supported by a staff team and service manager, who were knowledgeable about the support needs of the residents, and this was demonstrated through good-quality safe care and support. The person in charge and service manager met frequently, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents, and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. A six-monthly unannounced review of the centre had taken place in July 2023 of the quality and safety of care and support provided to residents and there was an action plan in place to address any concerns regarding the standard of care and support provided.

The staff skill-mix at the time of the inspection consisted of nurses, social care workers and direct support workers. The person in charge and service manager were satisfied that the skill-mix was appropriate to the assessed needs of residents, and the provider was actively recruiting to fill vacancies within the staff complement. The person in charge maintained planned and actual staff rosters. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The person in charge provided support and formal supervision to staff working in the centre.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs.

The staff team comprised of the person in charge, nursing staff, social care workers and direct support workers. There were four staff on duty during the day, and two staff at night-time, both in a waking capacity. The inspector met with members of

the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both the day and night.

Due to vacancies within the existing staff team the provider was ensuring continuity of care and support through the use of regular relief and agency staff. The person in charge and service manager told the inspector that the provider was in the process of actively recruiting staff to fill current vacancies.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate mandatory training to ensure staff met the assessed needs of the residents. In addition, staff had completed training in human rights.

At the time of the inspection the person in charge informed the inspector that some staff were due to complete refresher training and there was a plan in place to address this.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staff members personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view. The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, there was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The person in charge reported to a service manager. They also held monthly meetings which reviewed the quality of care in the centre. A series of audits were in place including monthly local audits and six-monthly unannounced visits. In addition monthly data audits were undertaken, including audits of residents' personal planning, goal trackers and centre achievements.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in July 2023. These reviews also included detail on the consultation which had taken place with residents and their families.

On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of Schedule 1, and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives with an easy-to-read version displayed in the hallway.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place. There was an up-to-date complaints log and procedure available in the centre. This was in easy-to-read format, with a visual guide on the stages of the complaints process.

The inspector reviewed the complaints and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. The inspector reviewed a sample of the policies during the course of this inspection. The provider ensured that policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. They observed residents to have active lives and participate in a wide range of activities within the community and the centre.

Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Support

plans included dietary, personal and intimate care, safety and health needs. It was also found that residents were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support. They were also supported to maintain relationships meaningful to them, for example, with their families. Residents spoken with were happy with their home, and the inspector found that the service provided to them was safe and of a good quality.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunities to experience life in their local community. Residents accessed numerous external activities such as shopping trips, social activities and sensory garden and library visits. There was an emphasis on supporting residents with life-skills including money management or looking after their own belongings, which the inspector saw that they took pride in.

The premises was well maintained and was observed to meet residents' individual and collective needs. The premises was found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. There was sufficient communal space, and a nice garden for residents to enjoy.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was an up-to-date policy on risk management available, and risk assessments had been prepared to support residents' safety and wellbeing.

On review of a sample of residents' medical records, the inspector found that medicines were administered as prescribed. Residents' medicines were reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Their artwork and personal mementos were displayed throughout their home which presented as individual to those who lived there.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

The inspector reviewed a sample of financial records where residents received support from staff to manage their finances. Each resident had their own bank

account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

One resident had recently purchased a car, which provided the resident with a better quality of life and opportunities for community inclusion. For example, the resident was now able to attend a number of social activities including trips to the beach and shopping.

The inspector reviewed oversight arrangements in place and found the provider had put in place a number of supports including; fuel card, tracker system and logbook of all mileage completed. In addition, there was a policy in place which clearly stated the car was to be used only for transportation of this resident.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference.

Residents had access to facilities which were maintained in good working order.

There were well maintained gardens to the rear of the property and adequate private parking space available. The provider had installed a 'men's shed' for one of the residents who enjoyed spending time in the garden.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents had up-to-date FEDS care plans on file and there was guidance for each resident regarding their meal-time requirements including food consistency, cutlery, and each residents' likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents were encouraged to take part in grocery shopping and suitable foods were provided to cater for each resident's assessed dietary needs and preferences.

Food was stored in hygienic conditions and access to refreshments and snacks was provided for. The inspector also observed that as food items were opened, they were being labelled and dated by staff.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk register in place which was regularly reviewed. Residents had individual risk assessments in place. Adverse incidents were found to be documented and reported in a timely manner. These were trended on a monthly basis by management to ensure that any trends of concern were identified and actioned.

The provider also had risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in developing support plans.

Each resident had an accessible person-centred plan with their goals and aspirations for 2023. These included residents' goals and the actions required to achieve them. Residents were supported to set goals that were meaningful for them. For example, one resident had set and achieved a goal of completing the mini-marathon in June 2023 and another resident had set and achieved a goal of going to a Valentine's Day disco.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed. Residents had access to advocacy services if required, and were listened to with care and respect by staff.

Residents were consulted with about decisions that impacted them and were involved in their personal plans and goals. For example, a resident recently received funding to purchase a new communication aid, which enabled them to present their "All About Me" personal plan at a management cluster meeting. This has had a positive impact on the resident's communication and overall quality of life.

Residents were also involved in the running of their home and participated in weekly resident house meetings. Items on the agenda included; menu planning and grocery shopping, activities, human rights, fire safety, complaints, goals, finance, supported decision making and health and safety.

Additionally, staff had undertaken training in human rights and staff who met with the inspector stated that this had a positive impact on the provision of care.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant