

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

Issued by the Chief Inspector

Name of designated centre:	Willow Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0008258
Fieldwork ID:	MON-0046171

About the designated centre

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

Willow Lodge is a community-based residential service providing a high support full-time residential service for up to five children with an intellectual disability, and/or autism, physical and sensory disabilities. The centre comprises a two storey house close to a small town in County Kildare. There are five resident bedrooms, one of which has an ensuite. There is a large sitting room, a smaller sitting room, a recreation room, and a kitchen come dining room. The house is set back from the road and has a front garden with parking, and a large secure back garden. There are a number of vehicles available to support children to attend school and activities in their local community. The staff team consists of a person in charge, team leader and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:20hrs to 17:20hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what childrens' family members told us and what the inspector observed, it was evident that children were in receipt of a good quality of care and support in this centre. This inspection had positive findings, with all regulations reviewed found compliant.

In Willow Lodge full-time residential care is provided for up to five children with an intellectual disability. There were five children living in the centre on the day of the inspection. The designated centre comprises a two-storey house close to a small town in County Kildare. There are five resident bedrooms, one of which is en suite. There is a large sitting room, a smaller sitting room, a recreation room, and a kitchen come dining room. There is also a staff office upstairs. The house is set back from the road and has a front garden with parking, and a large secure back garden. There are a number of vehicles available to support children to attend school and activities in their local community. There was a homely atmosphere and there were a number of photographs of children enjoying activities on the walls.

During the inspection, the inspector of social services had the opportunity to meet and speak with a number of people about the quality and safety of care and support in the centre. This included meeting the five children living in the centre, seven of the staff on duty supporting them, the team leader, the person in charge, and the parents of one of the children. The inspector also reviewed documentation about how care and support is provided for children and about how the provider ensures oversight and monitors the quality of care and support in this centre.

Children had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions, Lámh, visual schedules, pictures, picture exchange communication systems, and body language to communicate. Some children were using technology such as applications on tablet computers to support them to communicate their wishes and preferences. Throughout the inspection, staff were observed to be very familiar with their communication preferences and warm, kind, and caring interactions were observed between children and staff. Children were observed to smile and make eye contact in response to interactions with, and the supports offered by staff.

The five children had transitioned to the centre in 2024. Social stories had also been developed to best support them with their transition, and compatibility assessments were also done prior to their move. Both actions had increased the likelihood of a successful transition for them. The provider was recognising that one child was experiencing difficulties with their transition and they were continuing to support them with their transition at the time of the inspection. However, they were also exploring alternative accommodation options for this child in consultation with their representatives to ensure that they were supported in an environment that best suited their care and support needs.

The bedrooms were nicely decorated in line with childrens' interests and hobbies. They had access to a large back garden and equipment for play both indoors and outdoors. The back garden contained a large trampoline, swing, playhouse, climbing frame and some outdoor toys. There was also equipment to afford children the opportunity to engage in sand and water play. In addition there was an indoor activity room upstairs with sensory toys, books, puzzles and games. There were numerous televisions and tablet computers available for children's use. The inspector observed staff members offer young people choices around where they would like to spend their time, what activities they would like to engage in and what they would like to eat or drink. There were a number of vehicles available and staff were available to support them to get to and home from school. Some parents were also choosing to drop and pick them up from school.

During the inspection children were observed helping themselves to drinks and snacks or being supported by staff to get them. They were also observed spending time in the garden on outdoor equipment, spending time with staff, using their tablet computers, and playing with toys indoors. Staff described some of childrens' favourite things to do and the inspector found that these were reflected in their personal plans. A number of children were visited by or visiting their family members during the inspection.

There were in a number of easy-to-read documents and social stories in place to support children in areas such as attending school, transitions, restrictive practices, complaints, safeguarding, and fire safety. The inspector spoke with two family members who were aware of the complaints process and who to report any concerns they may have to.

As previously mentioned, the inspector had the opportunity to meet and speak with the parent of one of the children during the inspection. They were very complimentary towards care and support for their child, particularly towards the supports which were provided by the staff team. To gain further insight into childrens' lived experiences in the centre, the inspector reviewed three questionnaires which had been sent out prior to the inspection taking place. Feedback in these questionnaires was positive with childrens' representatives indicating they were happy with the house, access to activities, their safety and security, the staff supporting them, visiting arrangements and the complaints process. Examples of comments in the questionnaires included, "all the staff are really great", "staff help me to enjoy every day in the house", "I have a big swing in the back garden which I love", and "I like my bedroom very much. I can chill out and relax".

Staff in the house had completed training in a human-rights based approach to health and social care. Staff who spoke with the inspector highlighted some of the ways that they promoted childrens' rights on a day-to-day basis. They spoke about some of the communication tools that were being used to support children around their choices, wishes and preferences. They spoke about making sure that information was presented to children in a way they could understand through the use of social stories and easy-to-read information. They also spoke about ways they

were encouraging children to develop and maintain their independence.

In summary, children were being supported to attend school and to engage in a variety of activities at home and in their local community. They were in receipt of a service which promoted and upheld their rights.

The next two sections of the report present the findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care and support.

Capacity and capability

This announced inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. This inspection found full compliance with the regulations reviewed. The provider was supporting the children with transitioning to the centre and identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing the required actions to bring about these improvements.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was also responsible for another designated centre operated by the provider and were found to be present in this centre regularly. They reported to and received supervision and support from the director of services. The person in charge was supported to carry out their day-to-day role by a team leader who was present in the centre five days per week. There was also an on-call service available to children and staff out of hours.

The provider's systems to monitor the quality and safety of service provided for residents included; area specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff, the inspector found that the provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. There was a clear focus on ensuring that children were being placed at the centre of any service developments and improvements.

The centre was fully staffed in line with the statement of purpose and as a result children were in receipt of continuity of care and support. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, probation, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The inspector reviewed Schedule 2 documentation for the person in charge and found that they had the required knowledge, skills and experience to meet the requirements for this regulation. They were also identified as person in charge of another designated centre close to this one. During the inspection, the inspector found that they had systems to ensure oversight and monitoring in this centre. They were developing action plans and implementing the required actions to bring about improvements in relation to the childrens' home and their care and support.

It was evident from their interactions with children on the day of the inspection that they knew the children well and through discussions and a review of documentation, it was evident that were motivated to ensure that each child was in receipt of a good quality and safe service.

Judgment: Compliant

Regulation 15: Staffing

The provider had policies and systems in place to ensure that staff had the required skills and experience to fulfill the job specifications of their roles. During the inspection a sample of three staff files were reviewed. These files were found to contain the information required under Schedule 2.

There were no staff vacancies in the service on the day of the inspection. As a result, children were in receipt of continuity of care and support from a team who were knowledgeable in relation to their care and support needs.

The inspector reviewed rosters for the six weeks prior to the inspection. These rosters were well maintained and indicated that all the required shifts were filled.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix and sample of training certificates for eight staff was completed which demonstrated that staff had access to appropriate training relevant to their role. They had completed training in a number of areas including fire safety, safeguarding, positive behaviour support, first aid, the safe administration of medicines, manual handling, and infection prevention and control (IPC). Staff had also completed additional training in areas such as human rights, autism, and total communication.

There was a supervision schedule in place which demonstrated that staff had received supervision in line with the provider's policy. A sample of supervision

records for three staff were reviewed and the agendas were found to be focussed on the childrens' care and support needs, staff roles and responsibilities, the welfare and resilience of staff, and staff training.

The inspector spoke with seven staff who each said they were well supported in their role. They were complimentary towards the support they received from each other and the local management team. They were also aware who to raise any concerns they may have in relation to the day-to-day management of centre or the children's care and support in the centre.

The minutes of seven staff meetings were reviewed. These were found to be focused on children's care, support and welfare. They were well attended by staff. Agenda items included areas such as rosters, IPC, health and safety, medicines management, actions from audits, personal plans and goals, safeguarding, complaints, and restrictive practices.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available and reviewed in the centre and it met the requirement of the regulations. It included accurate up-to-date information in respect of each child.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of the statement of purpose, the minutes of seven staff meetings for 2024, and a review of staff files, it was evident that there were clearly identified lines of authority and accountability amongst the team.

The inspector reviewed the provider's latest six-monthly reviews and annual review. These reports were detailed in nature and focussed on the quality and safety of care and support provided, areas of good practice and areas where improvements may be required. The action plans and tracker for these reports showed that the required actions were being completed in line with the identified time frames.

A sample of 17 area-specific audits in areas such as first aid, health and safety medicines, care planning, IPC, finances, and vehicles were reviewed. The actions from these audits were reviewed and found to be leading to improvements in

relation to care and support and the house.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
<p>The inspector found that the provider had an admissions policy in place and the process was also outlined in the statement of purpose. The admission and transition documentation relating to the five children were reviewed. These documents demonstrated that children and their representatives had an opportunity to visit the centre prior to admission. One month, three month and six month reviews were occurring, as planned.</p> <p>The contract of care for each of the five children was reviewed and found to contain the information required by this regulation.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
<p>The statement of purpose was available and reviewed in the centre. It was found to contain the required information and had been updated in line with the time frame identified in the regulations.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>The inspector reviewed a sample of 20 incident reports, completed a walk about the premises and reviewed restrictive practices. They found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.</p>
Judgment: Compliant
Quality and safety

Overall, the inspector found that children were supported to attend school and had opportunities to take part in activities they enjoyed on a regular basis. They were supported to make decisions about how and where they wished to spend their time. They were also supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable home.

The inspector reviewed each of the five childrens' assessment of need and personal plan. These documents were found to positively described their needs, likes, dislikes and preferences. They had their healthcare needs assessed and care plans were developed and reviewed as required. They were accessing health and social care professionals in line with their assessed needs.

Children, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies and to ensure vehicles were serviced and maintained.

Children were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and the seven staff, the team leader and person in charge were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The inspectors found that every effort was being made by the provider to embed a human rights-based approach to care and support in the centre. Staff to access training on the core human rights principles of fairness, respect, equality, dignity and autonomy. Key worker meetings were occurring frequently and as mentioned earlier, childrens' representatives were aware of the complaints process.

Regulation 11: Visits

It was evident from speaking with staff, reviewing visitor logs, speaking to two parents and a review of questionnaires completed prior to the inspection that children were supported to maintain family relationships. Families were visiting the centre, children were being facilitated to go to their family homes and to meet with family in other locations. On the day of the inspection one child had gone out for a meal with their family member after school and one child was collected by their family from school and their family members then spent some time with them in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

As described in the opening section of this report children had access to opportunities for play, and to access education. There were toys and play equipment

available to them indoors and outdoors.

The inspector spoke to staff, observed children engaging in activities and reviewed the five childrens' personal plans and found that children were supported to engage in a range of activities in line with their interests and goals. These included spending time in in their local community, using local amenities, and going on day trips.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk about the premises with the team leader and person in charge and found that the house was clean, warm and designed and laid out to specifically meet the needs of the children living there. The provider was ensuring that the premises was well-maintained. A number of improvements had been made since the last inspection and maintenance and repair requests were submitted for other works that were required.

Each child had their own bedroom which was decorated in line with their preferences. There were a number of communal spaces where they could spend their time.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide submitted prior to the inspection and it was also reviewed in the centre. It had been recently reviewed and contained all of the information required by the regulations including information on the service and facilities, arrangements for children being involved in the centre, responding to complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy was reviewed and found to meet regulatory requirements The health and safety statement, risk register, 22 general and 11 individual risk assessments were reviewed. These were found to be reflective of the presenting risks and incidents occurring in the centre. They were also up-to-date

and regularly reviewed.

There were systems in place to record incidents, accidents and near misses. The inspector reviewed a sample of 20 incident reports for 2024 and early 2025 and found that each incident had been reviewed and followed up on by the local management team. Learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team in the sample of seven staff meeting minutes reviewed. The inspector also reviewed documentation relating to a significant incident for one child in 2024 and the records of the serious incident review which had been completed. The serious incident reviewed identified actions which had been implemented. Incident reviews were also included in the provider's annual and six-monthly reviews.

There were systems to respond to emergencies and to ensure vehicles in the centre was roadworthy and suitably equipped.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk around of the house during the inspection. They observed that emergency lighting, smoke alarms, fire-fighting equipment and alarm systems were in place. There were fire doors with swing closers in place. The inspector reviewed records for 2024 to demonstrate that quarterly and annual service and maintenance were completed on the above named fire systems and equipment. A fire risk assessment and fire safety audit for 2024 were also reviewed.

The inspector reviewed a sample of six fire drill records for 2024. Drills were occurring frequently, and records reviewed demonstrated that the the provider was ensuring that evacuations could be completed in a safe and timely manner taking into account each child's support needs and a range of scenarios. In line with new children transitioning into the house and new staff joining the team, the person in charge was working to ensure that each child and staff had taken part in a fire drill.

Personal emergency evacuation plans for the five children were reviewed and they were found to be sufficiently detailed to guide staff practice to support children to evacuate safely. The fire evacuation plan was on display and included different routes for evacuations.

At the time of the inspection the provider was waiting for delivery and installation of thumb locks on two doors which had just been replaced. The inspector received written confirmation from the provider after the inspection that they were now installed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the assessments of need and personal plans for each of the five children. These were detailed in nature and guiding staff practice. They identified childrens' strengths and talents, their care and support needs, communication preferences and how they make choices and decisions in their day-to-day lives.

There were systems in place to ensure that their assessments and plans were reviewed on an annual basis, or sooner where childrens' needs changed. Care plan audits for January 2025 for two children were reviewed and these were picking up on areas for improvement. The actions plans were being implemented at the time of the inspection. Children had goals in place and there was photographic evidence of them achieving their goals and taking parts in activities they enjoy.

Judgment: Compliant

Regulation 6: Health care

From a review of the five childrens' plans, it was evident that, as required, they had access to a general practitioner (GP), pharmacist, chiropodist, dietician, psychiatrist, psychologist, occupational therapist, behaviour specialist, or speech and language therapist.

Each child had an assessment of need, health actions plans as required and a hospital passport. The hospital passports had key information about the child, their preferences, their communication and their key health care and support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

From a review of the five childrens' care plans, it was evident that children who required it had access to a behaviour specialist. Behaviour support plans were developed and reviewed as required. These were found to guide staff in relation to include environmental considerations, skills teaching, direct support strategies, restrictive practices, reactive strategies and how to support children post incident, if required.

There were a number of restrictive practices in place which were reviewed, during the walk around the house and in documentation in each child's plan. These

restrictions included door locks, press and gate locks, personal protective equipment, and equipment to support children to stay safe while travelling. Risk assessment and the rationale for restrictive practices were reviewed in childrens' plans. The documentation reviewed demonstrated that the provider was reviewing restrictive practices on an ongoing basis to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed child protection and adult safeguarding and protection training. The inspector spoke with the person in charge, team leader and seven staff and they were all found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had child protection and safeguarding policies which was available and reviewed in the centre. There was a child safeguarding statement in place and it detailed control measures in line with risks identified. There was also a general safeguarding risk assessment in place which was found to reflect the current risks in the centre and which included the current control measures in place, such as high levels of staffing, particularly at certain times.

Safeguarding plans were developed and reviewed as required. Each child had an intimate care plan in their personal plan folder. Child protection and welfare was a regular agenda item on the sample of seven staff meetings reviewed during the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant