



Office of the Chief Inspector

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

Name of designated centre:	Woodlands/Crossroads
Name of provider:	St Aidan's Day Care Centre Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	13 and 14 February 2018
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0020794

About the designated centre

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

The service provides long-term residential care to 13 residents, both male and female who have a primary diagnosis of moderate to severe intellectual disability, secondary mental health diagnoses and behaviours that challenge. The centre comprises two interlinked buildings with six and seven individual bedrooms in each. Rooms are spacious and fitted with all the necessary equipment and assistive devices needed for the residents. The buildings which make up the centre are homely, bright and comfortable. There are suitable safe gardens and it is within easy access of all local facilities and services. There is a day service on site. The application for registration is for 13 residents but the provider advised that this will be amended to twelve to allow space for a visitors or sensory room in one unit.

The following information outlines some additional data on this centre.

Current registration end date:	02/06/2021
Number of residents on the date of inspection:	12

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 February 2018	10:30hrs to 07:30hrs	Noelene Dowling	Lead
14 February 2018	08:30hrs to 15:30hrs	Noelene Dowling	Lead

Views of people who use the service

Inspectors met with all residents and spoke with five. Other residents allowed the inspectors to observe some of their daily routines and communicated in their preferred manner with staff assistance. Residents told inspectors that they were satisfied with the service provided to them.

Inspectors also received a number of questionnaires completed with staff support. From these conversations, questionnaires and other records inspectors learned that residents had access to a lot of activities they enjoyed, went out locally a lot. Residents also said that staff were supportive to them in all areas, helped them with personal care, money management and saving and encouraged them to be involved in achievements such as Special Olympics. They enjoyed their training centres and jobs and loved going shopping with staff. They were very familiar with the managers and could see them and talk to them at any time.

Residents said they were consulted about their wishes and their personal plans. They and their representatives also attended their planning and review meetings. It was also apparent that there was a lot of consultation with family members as appropriate.

However, while residents said their experience was generally good in the centre there was a lot of noise, which sometimes disturbed them.

Capacity and capability

While the provider had put systems in place to ensure positive experiences for residents in many areas, there was evidence that the governance systems required improvements to be fully effective.

There were governance structures and reporting mechanisms in place to oversee and direct the quality and safety of care for the residents. The person in charge was suitably qualified and very experienced. However, the post holder was also responsible for three other residential units and held a senior post in the organisation. There was evidence as outlined in the quality section of this report that this was not sufficient to provide oversight and direction of practices and the care provided.

The provider was aware of this and was in the process of appointing another person in charge to this centre. The time scales however were not clear and the inspectors requested that this be reviewed and clarified.

While quality management systems were in place the effectiveness of the auditing and oversight systems to review and assess the care and experience of the residents was not demonstrated. Additionally, while each incident or untoward event

was managed as it occurred there was no system for learning and further avoidance of potential problems. The required unannounced inspections had been undertaken and there was an annual review completed. However, as the review was not informed by analysis of information it did not provide effective monitoring of the quality and safety of care provided and the lived experience of residents.

This is demonstrated also in the findings in quality and safety in particular the findings on safeguarding, restrictive practices and adequate planning for the long term accommodation of the residents.

There was evidence that the provider was taking steps to address deficits in the governance systems following issues identified in a recent inspection of another of the organisation's centres.

External training for the senior managers and the board of management was sourced in order to improve their knowledge of and implementation of regulatory and legal requirements for designated centres. There was evidence of plans to provide further management training to a number of people in the organisation and key staff were undertaking advanced training in positive behaviour support. There was a commitment to all mandatory training evident and this showed that the provider was taking feedback from previous inspections and learning from it.

There were sufficient resources available and staffing arrangements were suitable in terms of skill mix and numbers. This is a nurse led service in accordance with the assessed needs of the residents. This has led to very positive care experience for the residents. However, at times the deployment of staff impacted on residents care. For example, when the nurse was administering medicines in one unit this left the remaining unit with only two staff for up to 45 minutes at crucial times of the day and evening. Taking the complex needs of the residents into account this required review.

Staff were very knowledgeable regarding the residents' individual needs and personal plans and were observed to be competent, engaged with and supportive of the residents.

Processes for recruitment of staff were also robust. However, the procedures for the engagement of external advisory supports that had direct access to residents required review to ensure the provider sought the required information. This was discussed with the provider who undertook to address it following the inspection.

In addition, the complaints procedure did not detail the role and responsibility of the person nominated to manage complaints.

Systems for consistently reporting to HIQA also required review, as a number of incidents seen by inspectors had not been reported.

The statement of purpose also required some amendments to accurately identify the service to be provided and the specific care needs which the provider intended to

meet. This was rectified during the inspection.

All of the documents required for the purpose of registration and the application had been forwarded.

Registration Regulation 5: Application for registration or renewal of registration

All documents required for the application for re registration were submitted.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contract for services required review to detail the specific care and support provided.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had nominated a person to review the handling of complaints, as required by regulation. However this person's role and responsibilities were not detailed in the complaints procedure.

Judgment: Substantially compliant

Quality and safety

There was evidence that the provider was committed to enabling residents to have a meaningful and safe quality of life in the centre.

The residents had good access to, and participated in social, recreational and training opportunities of their choosing. This was supported by the staffing available. They planned holidays, had access to local facilities including swimming pools, restaurants, sports training and social events. Their day services were tailored to their individual needs. Residents had their own bank accounts and access to their own monies with staff supports and were saving for particular events or purchases. A number were registered to vote.

They had very personalised individual bedrooms and lots of personal belongings . External advocates had been sourced when necessary. On an individual basis, staff understood the residents' preferences and supported their choices in terms of day-to-day life. They were seen to be very familiar with the residents non verbal communication.

Residents also had good access to all pertinent multidisciplinary assessments and staff implemented effective support plans following these. The health care needs of residents were very well supported with prompt access to clinicians, treatments and dietary supports evident. Personal, health care and social care needs were supported by pertinent plans with wishes and goals identified and seen to be achieved. There was good consultation evident with family members who fully participated in decisions and the annual reviews with the residents.

A recent admission of a new resident had been undertaken with a comprehensive assessment and transition period including frequent visits to the centre for the resident and family. This was aimed at helping the resident to have a positive experience on moving into the centre and also ensured the move would happen at a pace that suited the resident.

Medicines management systems were satisfactory with regular review of this evident. Appropriate actions were taken to manage any errors which occurred.

Fire safety management systems were appropriate with all the necessary management and containment systems in place and all equipment serviced as required. There were personal evacuation plans in place for each resident but they required review to fully inform the resident support needs.

Infection control systems were evident and satisfactory. However, the quality and safety of residents' lives was negatively impacted on by a number of factors and practises.

There were six residents living in each of the two building units which made up the centre at the time of this inspection. The diversity of needs however, impacted on the lived experience of residents. This was more obvious at times when the residents congregated together such as at meals. This was observed by inspectors. The noise and activity level was seen to be very difficult and disturbing for some residents and they told inspectors they found this hard.

In order to alleviate this and create an additional private space in one unit the provider has advised that the application will be reduced to 12 residents. In the long-term, it is planned to further reduce the number of residents in total. However , no time frame for this was available and no interim strategy was implemented to alleviate the current situation.

Resident's privacy was significantly impacted on by windows in bedrooms and bathroom doors. Although they were covered by blinds, they could be lifted at any time and by any person, which inspectors observed.

The rationale for this was that staff undertook hourly visual checks on all residents at

night .This was however, a historical and generic practice which had not been reviewed for individual residents or any alternatives considered.

While the use of restrictive practices was minimal, a number of physical interventions were being used on occasions without adequate review or recording .There was no evidence that they were used inappropriately but this lack of review could pose a risk to residents' safety and could adversely impact on their rights.

Likewise, the systems for responding to allegations of abuse required review to ensure residents were protected and such incidents were managed transparently. Staff had training in safeguarding and there was a designated officer assigned. However, during the inspection a record seen indicated that statements made which could be perceived as allegations were not consistently being reported and therefore not adequately screened which may pose a risk to residents.

Neither safeguarding or intimate care plans adequately guided staff in their implementation. However, staff outlined good practise in both areas to inspectors.

These findings indicate that the changes to the management structures as outlined under capacity are crucial to ensure adequate oversight and direction of practices in line with legislation and national policies.

Residents' behaviours were supported by challenging behaviour support plans . However, these were not in place for all residents who required such support. As such there was a risk that residents would not receive timely, good quality and consistent care at times when they were distressed and needed support. Where these plans were in place, staff were very familiar with them and seen to be implementing them to the residents' benefit.

During the inspection the provider demonstrated a commitment to addressing this concern and was sourcing additional clinical review of a number of residents, which would include a more in depth analysis of the behaviours and the implementation of positive support plans.

However as with the audits of incidents referred to under capacity the systems for monitoring of the behaviour charts was not robust to assist the review and evaluation of the plans.

There were no robust systems in place for consistently managing risk. The provider was in the process of revising the risk management policy and the risk register to promote better oversight and management of risk Inspectors found risk assessments and the register required some review to ensure they fully and proportionately identified a strategy for risks identified for residents and environmental risks.

For example, the medicines cabinet was located in the main living room. During the inspection it was observed that this had to be left open briefly so that staff could deal with an incident which occurred. This posed a risk to residents.

Regulation 11: Visits
Residents were supported to have visitors to their home. However, due to the lay out of the premises, residents had little opportunity to meet visitors in private.
Judgment: Substantially compliant
Regulation 13: General welfare and development
Residents had access to individually tailored day service and training pertinent to their preferences , ages and needs.
Judgment: Compliant
Regulation 27: Protection against infection
Procedures were in place for the prevention and control of infection. There were also suitable facilities and procedures for the disposal of clinical waste.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Systems for the management of medicines were safe.
Judgment: Compliant
Regulation 9: Residents' rights
Residents rights to reasonable privacy was impacted on by the presence of large viewing windows in all bedroom and bathroom doors.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Woodlands/Crossroads OSV-0001858

Inspection ID: MON-0020794

Date of inspection: 13 and 14/02/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The service provider will review the contract for the provision of services/terms and conditions of residency to detail the specific care and support to be provided to the resident/s. This will include:-</p> <ul style="list-style-type: none"> ▪ The support, care and welfare of the resident in the designated centre ▪ Details of the services to be provided for that resident ▪ Fees to be charged for the provision of services ▪ The resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure will be reviewed to detail the role and responsibilities of the nominated person to review and handle complaints as required by Regulation 34.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The service provider has reduced the number of residents residing in this designated centre from 13 to 12. The 13th bedroom is currently under renovation to provide a suitable private area, in which the residents can receive a visitor if required.</p> <p>This room when renovated will also be utilised as a quiet/relaxation room for the residents if required when not in use for visitors.</p>	

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: To ensure the residents rights to reasonable privacy is no longer impacted on by the presence of large viewing windows in all bedroom and bathroom doors the viewiwnq windows have been removed.	

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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	15/06/2018
Regulation 24	Admissions and contract for the provision of services	Substantially Compliant	Yellow	31/05/2018
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph 2(a), to be available to residents to ensure that: all complaints are appropriately responded to.	Substantially Compliant	Yellow	18/05/2018
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and	Not Compliant	Orange	01/05/2018

	cultural background of each resident.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Yellow	01/05/2018