



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

## Issued by the Chief Inspector

Name of designated centre:	Windrock - Ard Aoibhinn Services
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	09 March 2021
Centre ID:	OSV-0003433
Fieldwork ID:	MON-0031050

## About the designated centre

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

Windrock - Ard Aoibhinn Services provides respite care for up to 4 adults at a time, both male and female with an intellectual disability, autism, physical and medical support needs and challenging behaviours. The service is open for up to six days each week and residents can avail of all or a number of days as they wish. Staffing and support arrangements will be flexible to the needs of the residents at time. The staff team consists of nursing staff, social care workers and support workers. Residents also have access to support from behavioural therapy within the service. Admissions are agreed via the HSE regional admission panel. The centre is located in a rural setting and is a single story building with surrounding gardens.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
--	---

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
Tuesday 9 March 2021	10:00hrs to 16:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The centre provides a respite service to adults with an intellectual disability. The inspector had the opportunity to meet with three respite service users attending respite on the day of inspection. Service users used verbal methods to communicate their thoughts. The inspector had the opportunity to speak with service users and the staff supporting them and review documentation which recorded some aspects of the care and support provided.

COVID-19 measures were adhered to on the day of inspection with staff and the inspector wearing face masks and maintaining a two metre distance in line with national COVID-19 guidance for residential care facilities. The person in charge had been in regular contact with the public health team regarding best practice to facilitate respite stays safely during the COVID-19 pandemic. Additional measures had been implemented including facilitating handovers with families by phone, regular symptom checks, assessing contact risks and implementing a specific room for staff to store their personal belongings and for donning and doffing personal protective equipment (PEE). The respite house had also restructured their opening hours to facilitate deep cleaning between respite stays.

The building was a large bungalow with surrounding front and back gardens. The inspector observed the centre was visibly clean and warm on arrival. Service users sometimes expressed their preferences regarding the rooms they wished to stay in during their respite stay and this was facilitated when possible. Personalised name cards and pictures were then hung in the room during the residents stay. A full inventory list was completed by the resident or their family member, prior to their respite stay. This was then checked by staff on arrival and was a measure to promote the safety of residents possessions during their stay.

The inspector observed one service user enjoying a cup of tea and completing puzzles with a staff member in the kitchen. Another service user was watching television in the living area and communicated that they love coming to respite when asked. Another service user was observed heading out on the bus to go for a walk in a local area supported by a staff member, and later in the day a service user was seen enjoying using their headphones. There was an activities room within the centre where service users had access to a computer, if they wished, and where they regularly took part in activities.

Following a walk around the centre, the inspector observed pictures of the service users around the designated centre along with artwork they had completed during some of their respite stays. The inspector also noted flower and herb boxes in the centres garden where the person in charge communicated that one of the service users enjoyed doing their gardening.

There was clear admission criteria in place should an individual wish to avail of the respite services. The person in charge completed comprehensive assessments of

need before determining if the respite service could meet the needs of the individual. The person in charge also determined what groups of residents who availed of respite together, by looking at their support needs and potential risks including safeguarding risks. From this assessment, residents respite stays were split into "high support" weeks and "low support" weeks. The inspector attended the centre during a low support week. The provider and person in charge ensured that when a service user was admitted to the respite service, adequate resources were in place to meet their needs, including appropriate assistive equipment, appropriate staffing levels, dietary requirements, communication tools and activation.

Staff and management spoken with appeared knowledgeable regarding the service users individual needs. The support provided on the day of inspection appeared to be person-centred, with routines and activities tailored to suit the residents individual preferences during their respite stay. The inspector observed several warm, familiar and respectful interactions between staff and service users during the day.

In general, the inspector found that service users were well supported during their respite stays. There was a regular management presence in the centre and staff support was appropriate to meet the needs of the current respite group. The inspector looked at a number of areas which impacted the care and support provided to residents including staffing, management, complaints procedures, fire safety, risk management, behavioural support, admissions, infection control, personal plans and safeguarding. While some issues were identified in fire safety, behavioural support and personal plans, the inspector found that management and staff were striving to provide safe support to service users during their respite stay and that service users were enjoying and benefiting from their stay in Windrock. Service users attending the respite service, and their families, regularly communicated that they thought of their respite stay as a holiday.

## Capacity and capability

The inspector found that the registered provider, An Breachadh Nua, had the capacity and capability to adequately resource the centre and provide a safe respite service. Aspects of the service had been adapted since the previous inspection due to COVID-19, including the respite opening hours. Some areas for improvement were identified on inspection including fire safety, behavioural support and personal plans. This did not appear to impact service users having a positive experience during their respite stay. The inspector found that the centre was appropriately resourced to meet the needs of the service users availing of respite

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and social care leader. There was evidence of regular auditing and review of the service provided with an annual review, six monthly unannounced inspections and regular thematic

audits taking place. There was a consistent staff team in place providing care and support and this was clearly identified on the centres staff rota. Mandatory training was provided to staff to meet the service users needs and training needs were regularly reviewed by the person in charge.

There was a clear and comprehensive pre-admission and admission process in place prior to service users availing of respite in the centre. Respite was determined on the basis of clear criteria. Compatibility of resident groups was a focus prior to admissions and service users attending the respite service and their families regularly communicated that they thought of their respite stay as a holiday.

Service users and their families had many opportunities to comment and provide feedback on the service provided, or submit complaints and compliments. There was evidence of regular residents meetings, pre-admission assessments, feedback forms regarding respite stays, correspondence records and complaints and compliments records. The complaints procedure was clearly displayed in the centre and service users and families were made aware of this. Comments and complaints regarding the service provided were treated seriously by the provider and person in charge.

### Regulation 15: Staffing

The staff team consisted of nursing staff, social care workers and support staff. Staffing levels were in place to meet the assessed needs of the respite service users. Staffing levels were determined by the mix of service users availing of respite and their support needs. The person in charge communicated that sometimes there were reduced service user numbers in the respite house to facilitate the residents needs and the staff support required. There was a staff rota in place that was maintained to clearly detail staff shifts and support levels in place.

There was a clear staff rota maintained and this clearly detailed staff on duty. One to one staff supervision took place three times per year and this was completed with line managers. There was a 12 month probation system in place for any new staff member working in the service.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided in areas including manual handling, first aid, fire safety, safeguarding, and behavioural management. Training needs were regularly reviewed by the person in charge and additional training scheduled when necessary.

Restrictions in place due to COVID-19 had delayed some of the centres scheduled training days and some staff members refresher training in manual handling was

identified as out of date on the day of inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a full time person in charge in place who had the skills and experience necessary to manage the designated centre. The person in charge was supported by a full time social care leader in the respite house. The person in charge and social care leader were in regular contact on the days when the person in charge was not present in the centre. A member of senior management was available on-call outside of normal working hours should staff require management support.

There had been an annual review completed of the care and support provided to residents. Compliance levels from the review were made based on clear rationale and an action plan was devised following the review to address any issues identified. Regular thematic audits were completed by the social care leader and person in charge on areas including infection control, personal care plans and first aid measures. A six monthly unannounced audit was also completed on behalf of the provider.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There was a clear and comprehensive pre-admission and admission process in place prior to service users availing of respite in the centre. Respite was determined on the basis of clear criteria.

A respite pack was posted to service users and their family two weeks prior to availing of respite. This detailed service users respite dates and times, and was used as a communication tool between the centre and service users to highlight any issues such as medication changes and healthcare needs. An inventory list of all service users belongings was maintained to prevent missing items and protect residents possessions. COVID-19 and associated risks were also assessed prior to admissions. Checklists were in place following the service users admission.

The residents general practitioner (GP) was involved in the admission process, and checked and signed the service users medication prescription prior to admission.

Judgment: Compliant



## Regulation 34: Complaints procedure

Complaints appeared to be treated in a serious and timely manner. The inspector reviewed complaints records and found that there was a clear process in place for the management of complaints.

Meetings took place with respite attendees following every admission to the centre. This was opportunity for service users to discuss their menu and food choices and preferred routines and activities for during their stay. Service users or their family members completed feedback forms at the end of every respite stay and this was a chance to communicate any comments or complaints. The majority of these were very positive and any issues identified were promptly addressed.

The inspector observed a number of compliments and thank you cards which had been received from service users and their families regarding their respite stays and the service provided.

Judgment: Compliant

## Quality and safety

Overall, inspection findings suggested that the registered provider was striving to provide a safe and effective service to respite users. Systems were in place to ensure risk management measures were in place and that service users were safeguarded. Documentation and records regarding risk management, specialist servicing, and safeguarding measures were well maintained within the centre.

The premises was suitable to meet the needs of service users availing of respite and the premises was maintained in a good state of repair internally and externally. Maintenance logs were maintained when a maintenance issue arose. Some concerns were highlighted regarding fire containment measures in the centre on the day of inspection. The centre had access to a fire specialist and the person in charge communicated that this would be reviewed as a priority with the specialist.

Management and staff were completing regular audits and checks within the centre to ensure the service users safety. Pre-assessments and pre-admission process's and criteria were clear and residents appeared to have access to a range of activities during their respite stay. Pictures of service users taking part in various activities and artwork completed by service users was observed around the centre. However some improvements were required to ensure that service users personal plans accurately reflected current information regarding, COVID-19, activation schedules and current goals.

Infection prevention and control had been a priority in the centre over the past year

due to COVID-19. The person in charge had been in very regular contact with the public health team regarding best practice to facilitate respite stays safely during the COVID-19 pandemic. Staff had completed additional training in hand hygiene, infection control, and the donning and doffing of PPE. Additional measures had been implemented including facilitating handovers with families by phone, regular symptom checks, assessing contact risks and implementing a specific room for staff to store their personal belongings and for donning and doffing personal protective equipment (PPE). The respite house had also restructured their opening hours to facilitate deep cleaning.

### Regulation 17: Premises

The premises was maintained in a good state of repair internally and externally. The building was a large bungalow with surrounding front and back gardens. The inspector observed the centre was visibly clean and warm on arrival.

Residents sometimes expressed their preferences regarding the rooms they wished to stay in during their respite stay and this was facilitated when possible. Personalised name cards and pictures were then hung in the room during the residents stay.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had implemented systems to ensure that any potential or actual risks were assessed and mitigated where possible.

Clear records were maintained of any accidents or incidents in the centre and the person in charge completed a review of these and subsequently completed risk assessments and implemented risk measures when necessary. Where incidents required further review with a specialist, the person in charge was making relevant referrals. Clear rationale for use of restrictive practices was identified in associated risk assessments and behavioural support plans.

Service users all had individual risk assessments in place. The centre also had a risk register which outlined general potential risks such as slips, trips and falls, injury to staff, medication errors and risks associated with lone working. This was subject to regular review. Service users and staff sometimes used assistive electrical equipment like hoists and beds. These were regularly checked and serviced.

Judgment: Compliant

## Regulation 27: Protection against infection

Measures were in place for infection prevention and control in the designated centre. All staff had received the COVID-19 vaccine on the day of inspection and had completed training in infection prevention and control. Some staff members, including the person in charge, had completed additional training in swabbing residents for COVID-19.

Signage was observed around the respite service with information regarding COVID-19, hand hygiene and infection control measures. There was an information folder in place for staff to access up-to-date information regarding the management of COVID-19 in residential care facilities. The centre had appropriate access to PPE when required.

The person in charge had been in regular contact with the public health team regarding best practice to facilitate respite stays safely during the COVID-19 pandemic. Additional measures had been implemented including facilitating handovers by phone, regular symptom checks, and assessing contact risks.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector observed fire safety measures located all around the designated centre including detection systems, emergency lights, alarms, fire fighting equipment and signage. A fire specialist attended the centre regularly to service these.

All residents had personal emergency evacuation plans in place and evacuation procedures were prominently displayed in the centre. Staff were completing regular fire evacuation drills and the person in charge was ensuring that all respite service users were partaking in a frill regularly. Visual fire safety checks were being completed daily by staff.

Two new fire doors were not functioning effectively in a high risk area on the day of inspection and this impacted the efficiency of the containment measures in the centre.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

All service users availing of respite had comprehensive assessments of need and personal plans in place. At times some care plans in place did not reflect the service users most up-to-date information from the service users most recent review. Plans had not been updated to reflect updated activation programs, schedules and goals during COVID-19 restrictions. Details regarding when the care plans were written and revised and when they were subject to their next review were unclear at times. Goals in place did not accurately reflect what had been discussed in the service users annual review. For example, one service users review highlighted that they wished to work on fine motor skills and help with house chores, this was then not reflected in the service users plans or activation schedules. Audits of the personal plans were regularly completed by management but these did not seem to identify these issues.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

Service users were supported to manage their behaviours and had access to a full time behavioural therapist within the service. Service users had positive behavioural support plans in place when required which were subject to regular review and some support measures were observed including the use of residents contracts and increased staffing levels. The inspector observed evidence that service users had access to therapeutic interventions such as yoga, gardening, exercise programs, music and artwork.

However, the use of one restriction had not been identified as restrictive by management or staff. This was not notified to the Chief inspector, as required, on a quarterly basis. The inspector acknowledges that any restrictive practices in place were implemented due to identified risks and clear rationale.

Judgment: Substantially compliant

### Regulation 8: Protection

Service users attending respite were safeguarded by staff and management. Compatibility of service users availing of respite was a focus prior to admissions. All service users had intimate care plans in place and all staff had received training in the safeguarding and protection of vulnerable adults.

Members of management were trained as designated officers and treated any safeguarding concerns in a serious and timely manner. Records were maintained to ensure that any potential skin marks or bruising were clearly recorded and

investigated when necessary prior and during respite stays.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Windrock - Ard Aoibhinn Services OSV-0003433

Inspection ID: MON-0031050

Date of inspection: 09/03/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Appropriate Manual handling training only available in June 2021. Training dates have been booked. Staff members who require an update will have completed this by 30th June 2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>HSE maintenance contacted on the day of Inspection 9/03/2021 regarding two Fire doors which did not fully engage when closed. HSE Maintenance arrived to Windrock 10/03/2021 and serviced both Fire doors ensuring the doors fully engaged when closed</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The files identified on the day of inspection have been updated to ensure that all</p>	



information is current and up to date including activation program schedules and goals during Covid\_19

All other files are currently being reviewed and will be updated as required over the next 6 months.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The restrictive practice identified and discussed on the day of Inspection will now be notified on a quarterly basis.

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/03/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	30/09/2021
07 (4)	Ensure that where	Substantially	Yellow	30/04/2021

	restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.	Compliant		
--	---	-----------	--	--