



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

## Issued by the Chief Inspector

Name of designated centre:	Woodside
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	15 February 2022
Centre ID:	OSV-0004636
Fieldwork ID:	MON-0027516

## About the designated centre

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

Woodside Services is run by Brothers of Charity Services Ireland. The centre is based near a town in Co. Clare. The centre provides respite care for up to three male or female residents, who are under the age of 18 years and have an intellectual disability. The centre comprises of one two-storey house where residents with their own bedroom, some en-suite facilities, sitting room, kitchen, conservatory, sensory room and staff offices. A large garden offers plenty of space for play and recreation and the centre is also close of a range of amenities. Staff are on duty both day and night to support the children who avail of this service.

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

Number of residents on the date of inspection:

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 15 February 2022	10:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the children in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed from documentation that the residents were consulted in the running of the centre and played an active role in decision-making within the centre. On this inspection there were no children availing of respite so the inspector was unable to observe the children in the centre however the inspector did speak via phone to the parents of two of the children and was given a good overview of the centre and the care and support their children received. The inspector also met with the team leader and person in charge who showed the inspector around and went through the children's care plans with the inspector throughout the day.

Conversations with the team leader and person in charge took place wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Woodside is a residential respite centre for young people with intellectual disability and who may also have physical/ motor and/or sensory issues/autism. The centre provides respite for children under the age of 18 years. It is a detached two storey residence with three children's bedrooms on the ground floor, one of which is en suite. All bedrooms and the main bathroom are wheelchair accessible and a ceiling hoist was installed in one bedroom and the sensory room. There is an accessible large back garden which is fully enclosed and has outdoor play and multi sensory equipment which the children enjoy. There is also a vegetable/flower bed area to get the children involved in outdoor activities.

The young people are supported in the planning, purchasing and are involved in the cooking of their own meals where possible. They are also encouraged around daily living skills such as cleaning up after meals. The children also are noted by the inspector to engage in table top activities and artwork. Some of the children's art work was displayed around the house.

Personalised forms of communication are used within the service including Picture Exchange Communication (PECs). The bedrooms were decorated in inviting colours and when the children come in they are encouraged to bring their own personal items such as photographs. There were visuals available to aid the children in understanding what meals were available, if they were in pain and how to change TV channels. It was evident from the decoration, art work on display, photos and the residents bedrooms that the children were involved in the running and decoration of the centre.

The children can contact family while on a respite stay, this was primarily through video and telephone calls. The service provided technology in order to keep in touch with families and friends. The residents attended school daily and also engaged in

local activities, went for meals out and for walks and drives in the house vehicle.

On the day of inspection the inspector noted that the house was clean and warm and very homely with pictures on the walls. There were lots of toys for the children and art supplies should they wish to colour or draw. A wall art depiction of a tree in the entrance hallway of the house displayed the children's photograph as the branches of the tree, this was a welcoming person centred display on arrival to the house.

The inspector spoke with the parents of two of the children via phone and they were very positive about the care and support their children received. One parent said they had never met a more caring and dedicated staff team and managers. The other parent gave examples of support their child received with toilet training and how supportive the team were in relation to this. They both said their children look forward to coming in for a respite stay and that they and their children could not be happier.

In summary, the inspector found that the resident's wellbeing and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the children was to a very good standard and was safe. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the children and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the children. The person in charge demonstrated the relevant experience in management and was very effective in the role. The team leader with whom the inspector spoke was very knowledgeable around the children's assessed needs. For example they were very aware of the varying children's diagnosis such as behaviours that challenge and Autism and the strategies to support the children.

The person in charge had a training matrix for review and the inspector noted that mandatory training had been completed. All new staff had to complete mandatory training before they could commence employment. There was significant training completed by staff in relation to protection against infection such as hand hygiene training, breaking the chain of infection, respiratory hygiene and cough etiquette and infection prevention control training. Discussions with the team leader indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as children first, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in 2021 and a review of the quality and safety of service was also carried out in January 2021. This audit included a family survey to ascertain the views and opinions of the children's family on the quality of care and support received by their family member. The annual report reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. In areas highlighted for improvements it was noted that one action was to review goals for the children, as the COVID - 19 pandemic had impacted many of their goals such as community activities for social skills learning. Also the children's sensory room was to be insulated and this was delayed due to the person in charge liaising with sustainable energy agencies for possible grants or funding streams. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or were actively being addressed.

There was a range of policies such as infection prevention and control, safeguarding and complaints policy to guide staff in the delivery of a safe and appropriate service to residents. However when the inspectors reviewed some policies including the infection prevention and control policy they noted they were out of date. The inspector was informed by the person in charge that there was a service wide review of policies and that they were in the process of being reviewed and updated.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the child or parent. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

## Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and

was effective in the role.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The inspector viewed the actual and planned rota and the staffing was in line with this and the statement of purpose.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
The person in charge had a training matrix for review and the inspector noted that all staff had mandatory training
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had ensured clear management structures and lines of accountability were in place. Annual and bi-monthly audits had been completed.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge notified the Chief Inspector of incidents that occurred in the

designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The Provider needed to ensure that all policies and procedures were reviewed in line with review schedule. On the day of inspection some policies were out of date including infection prevention and control policy.

Judgment: Substantially compliant

## Quality and safety

The inspector reviewed the quality and safety of care received by the children in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all young people during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The children's healthcare needs were met by their family however the person in charge had ensured that assessments were sought from the school age disability team and where possible an assessment of need of health, personal and social care needs was available in the centre. The centre staff supported healthcare appointments if required and were fully aware of the medical needs of the children. The assessment of need included support plans to supplement the children's care and support. The inspector viewed support plans in areas of behaviours that challenge and diagnosis such as Autism. These plans were noted by the inspector to clearly identify the issues experienced by the residents and how a child may present in crisis or ill health and gave clear guidance to staff on how to respond in such situations. The support plan for behaviours that challenge was detailed and outlined

the supports the children required, this was created by the staff and consultant psychologist. The team leader acknowledged that the support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

Annual care planning review meetings were conducted and this was also a forum for discussion with families and residents about the quality of the service. Any changes to the plan as informed by the Care Planning Review Meeting were recorded in the plan. Minutes of care planning meeting were recorded and kept on file. This provided a forum for all people involved in the child's life to have input and participate in the child's care. Family and professionals involved in the child's care are invited to these meetings to provide input and receive updates. Behaviour monitoring charts are in place for children and these indicate if a child is unhappy and this is addressed to effect improvement. For example, if it is noted that environmental factors are a cause for concern, every effort is made to adjust the environment.

A family forum had been in operation for the last four years and was considered to be a very supportive and beneficial group. It gave an opportunity for parents and staff to discuss the children's presentation and whether the family were receiving appropriate support. One area for discussion it had been noted was that one child had a specialised bed with an enclosed frame around it when they came in for a respite stay however this had not been reviewed by a rights committee as there was none in place in children's services. The bed in question (a savi knot bed) is considered restrictive as it is completely enclosed and the child would be unable to get out of it without assistance from staff, it is noted as a restrictive practice but there is no rights review process around it.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place with family and the required health care support was received by the children. There was also evidence that the children were receiving support from speech and language therapist and an occupational therapist for sensory support.

A comprehensive behaviour support plan was noted to be in place by the inspector. This included an in depth functional analysis of the children's behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support children to manage their behaviour and were very familiar with the needs of the children and the behaviour support strategies that were in place.

The person in charge had ensured that the children were assisted and supported to communicate and visuals (visual menu) were noted to be in use on the day of inspection as recommended by clinical professionals. The staff had a personal communication diary in place for one resident with the specific words they used in it. The service used a person centred total communication approach in the centre which appeared to be very effective. The children had access to television and Internet and an electronic device was available to facilitate them to video call their

family members.

The provider had ensured that the children had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The children were active in their community and utilised local shops, local amenities such as parks, went for walks and drives, utilised the Internet and video chats. The children went to school daily and there were individual education plans in place for the children which were sought annually from the school by the person in charge.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that children who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Person protective equipment in the form of face masks were introduced as mandatory for all staff to wear. All training in enhanced hand hygiene and infection prevention and control were completed. Supplies of alcohol based hand sanitizers/ soap and paper towels, posters for hand hygiene and cough etiquette in place. Easy read versions were developed to aid children's understanding. Standard Operating Procedures were created in line with national infection prevention and control guidance to support staff manage if a child or staff is suspected or confirmed as having COVID-19.

The provider ensured that there was an effective fire management system in place. The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and a fire alarm system in place. The inspector reviewed evacuation drills which were carried out regularly and found that they indicated that the children could be safely evacuated in 40 seconds. The fire equipment was well maintained and there were appropriate servicing records available to view.

The provider had ensured that the premises were laid out to meet the needs of the children and overall the centre was clean and warm. There was adequate communal and private space for the children. The centre was decorated to the children's taste with personal photographs and artwork on the walls. A wall art depiction of a tree in the entrance hallway of the house which displayed the children's photograph as the branches of the tree, was very welcoming.

The inspector observed that there were systems and measures in operation in the centre to protect the children from possible abuse. Staff spoken with indicated that they were fully aware of the measures in place to protect the children. Staff were facilitated with training in children's first. The inspector spoke with the person in charge and team leader regarding safeguarding of the children. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had not ensured that one child participated in decision about their care and support in relation to the use of a Savi Knot bed. This had been recorded as a restrictive practice but had not been reviewed from a rights perspective.

<b>Regulation 10: Communication</b>
The person in charge had ensured that the children were supported to communicate
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
The provider had ensured that the children had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The provider had ensured that the premises were laid out to meet the needs of the children and overall the centre was clean and warm. There was adequate communal and private space for the young people.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>

The provider had ensured that children who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had an effective fire management system in place in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of need was available, this was completed by the school age disability team and was supplemented by support plans developed by staff and clinicians.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was a comprehensive behaviour support plan in place.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the children from possible abuse. Staff were facilitated with training in children first.

Judgment: Compliant

### Regulation 9: Residents' rights

There was a restrictive practice in place for a child in relation to the type of bed used for their respite stay. The provider had not ensured that the use of a Savi Knot bed had been reviewed from a rights perspective or that efforts were made to ensure that the child's views were adequately considered.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Woodside OSV-0004636

Inspection ID: MON-0027516

Date of inspection: 15/02/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Infection Prevention and Control Procedure will be reviewed by Senior Management by 30th April 2022 - All local policies and procedures to be reviewed by Senior Management to ensure they are in line with review schedule by 31/05/2022	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Restrictive practices in centre will be reviewed from a rights perspective by Principal Psychologist Brothers of Charity Services Clare before 30/04/2022 - The review will identify actions required to ensure that current restrictive measures are brought into compliance with Regulation 9 – Action plan will be completed before 25/05/2022	

## 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 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	25/05/2022