



# 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:	Short Notice Announced
Date of inspection:	30 September 2020
Centre ID:	OSV-0004636
Fieldwork ID:	MON-0030539

## 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 operates from Wednesday to Sunday and 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:	2
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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 - 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
Wednesday 30 September 2020	10:40hrs to 14:40hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The person in charge facilitated the inspection and she spoke with the inspector at length about the residents and of how their assessed needs were met by the service delivered to them. Two residents were scheduled to avail of respite that evening, but at the time of inspection no residents were present at the centre to meet with the inspector.

The inspector observed the layout of the centre to be very considerate of the care and support needs of residents, particularly those with mobility needs. Both tracking and mobile hoists were available throughout the centre and communal rooms were spacious enough to allow those who were wheelchair users to comfortably manoeuvre. In response to the developmental needs of residents, a mural was recently placed on the wall of the main entrance and the purpose of this was to further support residents to understand social distancing. Stickers were also recently placed on the door of each room to inform residents and staff of the maximum capacity of people to be in each room at any given time to allow for social distancing.

Internal and external play areas were available to children, both in the garden and conservatory. The person in charge stated that some children liked to spend a lot of time in the garden, which contained a sand pit, swings and large grass area. A large sensory room was also used regularly by residents and this contained sensory seating, equipment and lighting.

The person in charge knew the residents and their needs very well and she spoke of the various supports in place for each resident. She attributed the quality of care delivered to residents due to the consistency in staffing arrangements and also to the regular communication that was maintained between the service and residents' parents and representatives.

In accordance with public health safety guidelines, over the course of the inspection, the inspector observed appropriate use of personal protective equipment (PPE) by staff, as and when required.

## Capacity and capability

The provider had ensured that this centre was well-resourced and well-managed, ensuring the safety and welfare of residents was at all times maintained.

The person in charge held responsibility for the service and she was based full-time at the centre, which meant she regularly met with residents and staff. She knew the

residents and their needs very well and was also very familiar with the operational needs of the service. She was supported by her line manager and staff team in the oversight and running of this service. This was the only service that she was responsible for, which gave her the capacity to ensure that this centre was effectively managed.

The provider had ensured that the number and skill-mix of staff was adequate to meet the assessed needs of the residents who availed of this respite service. Consistency in staffing levels was maintained, which meant that residents were constantly supported by staff that knew them and their assessed needs very well. Waking and sleeping staff arrangements are available each night, which had a positive impact on supporting residents with complex mobility needs. A well-maintained roster clearly identified staff names and their start and finish times.

The effective governance and management of this centre was largely attributed to by the person in charge's regular oversight of the care delivered. Her full-time presence at the centre, along with regular auditing, enhanced the timely identification of any improvements required, ensuring a high standard of care was maintained. For example, recent medication audits had identified various improvements required to medication prescribing practices and the provider had plans in place to address these. In response to public health safety guidelines, socially distant staff meetings were occurring where possible, and the person in charge also met with individual staff members during their working shift. This adjustment to internal meeting structures meant that the person in charge continued to meet with staff to discuss any concerns arising. She also maintained regular contact with her line manager to further discuss these areas. During the inspection, it was identified that a resident, who was now over the age of 18 years was continuing to avail of this respite service, which was not in accordance with the centre's current conditions of registration. The provider had not notified the Chief Inspector of Social Services of this and had not updated the centre's statement of purpose to reflect this operational change. This was brought to the attention of the person in charge who informed the inspector that immediate action would be taken to apply to vary the conditions of registration for this centre.

#### Regulation 14: Persons in charge

The person in charge held the overall responsibility for the centre. She knew the residents very well and was also very familiar with the operational needs of the service delivered to them. She was based full-time at the centre and current arrangements facilitated her to have the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels were subject to regular review ensuring an adequate number and skill-mix of staff were at all times available to meet the assessed needs of residents. A well-maintained staff roster clearly identified staff names and their start and finish times worked at the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage this service. The centre was also adequately resourced in terms of transport, staffing and equipment. Monitoring systems were also in place and where improvements were required, action plans were put in place to address these. However, the provider had not ensured that the centre was operating in accordance with the current conditions of their registration and statement of purpose.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response and review of all incidents occurring at the centre. She had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

## Quality and safety

The provider had ensured that this centre was operated in a way that promoted residents' rights, gave due consideration to their developmental and assessed needs, while also ensuring they had regular opportunities for routine and social engagement, in accordance with current public health safety guidelines.

The centre comprised of one large two-storey building which was located close to a town in Co. Clare. The house was spacious and the ground floor provided residents with their own bedroom, some en-suite facilities, a shared bathroom, sitting room, kitchen, conservatory and utility. A sensory room was also available for residents to use, which contained therapeutic equipment, lighting and seating. A large garden

provided residents with spacious recreational and play area and the person in charge stated that this was regularly used by some of the residents who stayed at the centre. The second floor comprised of staff offices, storage rooms, an en-suite and staff sleepover room. A colourful mural had recently been placed on a wall in the entrance hallway, which provided residents with a visual prompt to support them to understand two metre social distancing. In addition, stickers were also placed on the door entering each room, which guided on the recommended maximum occupancy of each room at any given time. Overall, the centre was maintained to a high standard, was clean and nicely decorated.

Since the introduction of public health safety guidelines, the provider implemented a number of measures to ensure the safety and welfare of all staff and residents. The provider had ensured social distancing, cough etiquette, good hand hygiene and regular temperature checks were in place. Hand sanitizer was readily available throughout the centre and during the course of the inspection, staff were observed to wear personal protective equipment, as and when required. The provider had also developed contingency plans in response to an outbreak of infection at the centre and these were subject to regular review by senior management.

Effective systems were in place to identify risk in this centre, which meant that risks was responded to very quickly. The person in charge regularly reviewed incidents that were occurring at the centre, which had a positive impact on informing risk management activities. Risk assessments were found to clearly identify what measures the provider had put in place in response to risk. In addition, risk-ratings accurately reflected the positive impact these measures had on mitigating against identified risks. Since the introduction of public health safety guidelines, the centre's current infection prevention and control risk management measures were also subject to frequent review as part of the centre's risk management system.

Where residents required behavioural support, the provider had ensured these residents received the care and support they required. Behavioural support plans clearly identified the types of behaviours some residents experienced and guided staff on various responsive strategies to be implemented in order to support these residents. Restrictive practices were in place and the rationale for their use was subject to regular review. However, upon this inspection, the inspector identified the use of a locked gate to the rear garden, which had not yet been reviewed in line with the centre's restrictive practice policy.

Effective assessment and personal planning systems were in place, which meant that residents' needs were regularly re-assessed and that clear personal plans were in place to guide staff on how best to support residents. For example, where residents required support in the areas of mobility and epilepsy management, the type of support they required was clearly documented. Residents also had access to allied health care professionals, as and when required. The person in charge also stated that regular communication was maintained with parents and representatives, which meant that any change to residents' health status was quickly identified so that further supports, if required, could be put in place prior to residents' respite stay. In response to the support needs of residents, the provider was currently not operating the centre at maximum capacity, which meant each

resident received an individualised service upon each respite stay.

Medication management systems were subject to very regular review, with audits largely focusing on prescribing and administration practices. Prior to this inspection, the provider had identified through their own monitoring systems that improvement was required to certain aspects of prescribing practices and the person in charge spoke of the various measures that were in the process of being implemented to address this. In response to needs of residents with neurological care needs, emergency medication protocols were in place to guide staff on how best to support these residents during seizure activity. However, improvement was required to the prescribing of these medicines to ensure the maximum dosage to be administered was clearly identified on prescription records.

The provider had ensured fire safety arrangements were in place, including, fire detection and containment systems, fire safety checks and regular fire drills were also occurring. Systems were in place to ensure each resident and staff member participated in fire drills and plans were in place to conduct a further fire drill using minimum staffing levels in the coming weeks. There were multiple fire exits in the centre and emergency lighting throughout. Even though the centre's fire procedure was readily available to staff, it required further review to ensure it adequately guided staff on what to do in the event of fire at the centre. Since the last inspection, the provider had reviewed residents' evacuation plans; however, further review was required to ensure these accurately guided staff on how to support the evacuation of residents, particularly those with mobility and behavioural support needs.

### Regulation 26: Risk management procedures

The provider had a system in place for the identification, response and monitoring of risk occurring at the centre. Risk assessments were found to clearly identify what measures the provider had put in place in response to risk. In addition, risk-ratings accurately reflected the positive impact these measures had on mitigating against identified risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Daily temperatures were taken, hand sanitizer and personal protective equipment was readily available throughout the centre and additional efforts were made to ensure each child was supported in understanding social distancing and

cough etiquette. The provider had developed contingency plans in response to an outbreak of infection at this centre and these plans were subject to on-going review by the senior management team.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured fire safety systems were in place, including, fire detection and containment measures, regular fire drills and fire safety checks. Since the last inspection, the provider had reviewed the personal evacuation plans for residents; however, further review was required to ensure these accurately guided staff on how to support the evacuation of residents, particularly those with mobility and behavioural support needs. In addition, although the centre's fire procedure was readily available at the centre, it required further review to ensure it fully informed staff on the procedure to be followed in the event of a fire at this centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place to support the safe administration of medicines at this centre. At the time of this inspection, the provider had already identified various improvements required to the prescribing practices and was in the process of addressing these. However, additional improvement was required to ensure that the maximum dose of emergency medicines prescribed for residents was clearly identified on their prescription record.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident was subject to regular assessment and that clear personal plans were in place to guide staff on the support that they required.

Judgment: Compliant

## Regulation 6: Health care

Where residents had specific health care needs, the person in charge had ensured that these residents received the care and support that they required, particularly in the areas of mobility and epilepsy management. All residents had access to a wide variety of allied health care professionals, as and when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that adequate resources and supports were available to these residents. Clear behavioural support plans identified various triggers and responsive techniques which were effective in supporting these residents. Restrictive practices were in use at this centre and these were subject to regular review. However, the inspector did identify that the use of a locked gate to the rear garden, which had not been considered in line with the centre's restrictive practice policy.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had systems in place to support staff in the identification, reporting and response to any concerns relating to the safety and welfare of residents. The provider had implemented additional systems to further support residents to understand the centres safeguarding procedures. All staff had received up-to-date training in safeguarding.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had ensured that the centre was operated in a manner that respected the age, disability and family status of each resident. Residents were supported to exercise choice, be involved in the planning of their day and in decisions around their care.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Woodside OSV-0004636

Inspection ID: MON-0030539

Date of inspection: 30/09/2020

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Application to Vary conditions of Registration submitted 05/10/2020 Statement of Purpose updated to reflect proposed changes to conditions of Registration – submitted 05/10/2020	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire procedure for centre and personal evacuation plans for residents reviewed and updated on 01//10/2020 to include clear guidance on procedure to be followed in the event of a fire	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All prescription records reviewed and updated by GP where required to ensure all sections appropriately completed on 9th October 2020	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All restrictive intervention protocol reviewed and updated on 1st October 2020 to include locked rear garden gate where applicable.	

## 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 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/10/2020
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily	Substantially Compliant	Yellow	01/10/2020

	available as appropriate in the designated centre.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	09/10/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/10/2020