



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

## Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	St. Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	06 December 2023
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0033686

## About the designated centre

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

Woodlands provides long-term residential care for up to six residents close to a town in Co.Wexford. The centre provides care for both male and female residents who have a primary diagnosis of moderate to severe intellectual disability, secondary mental health diagnoses and behaviours that challenge. The staff team consists of nurses, social care workers and support workers.

The residents all have their own individual bedrooms. Rooms are fitted with all the necessary equipment and assistive devices needed by the residents. The centre is homely and comfortable. The centre is located on the grounds of a busy garden centre and day services managed by the provider. The day-services offer varied levels of support, training and age appropriate activities for the residents. It is within easy access of all local facilities and services.

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

Number of residents on the date of inspection:	6
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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
Wednesday 6 December 2023	10:00hrs to 17:00hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This announced inspection was completed following an application by the provider to renew the registration of this designated centre. Overall the findings of this inspection were, that this was a well managed centre where residents were in receipt of person-centred care and support in line with their assessed needs. The building was warm, clean and decorated in line with residents' assessed needs, wishes and preferences. Residents were supported by a staff team who were familiar with their care and support needs. They were engaging in activities they enjoyed both at home and in their local community.

With the exception of financial oversight via their auditing system the provider was picking up on other areas where improvements were required in their audits and reviews. For example, they had identified that works were required in the premises, and that improvement was required in relation to staff numbers to ensure residents' changing needs could be supported by a consistent staff team.

The inspector had the opportunity to meet five of the six residents who lived in this centre. One resident was staying with their family at the time of inspection. The time spent with each resident was short, but the inspector had the opportunity to observe residents coming and going in the centre throughout the afternoon. Residents were busy but each had plans for their day and their evening which they were supported to achieve.

The premises consists of a large single storey purpose built detached house. There was a large communal living room and a kitchen-dining room. Residents all had their own bedrooms and one had an en-suite bathroom with the other five residents sharing two large accessible bathrooms. There was a room available where residents could meet privately with visitors and a separate laundry room. Externally the residents had access to a paved garden area that contained plants and seating areas in addition to a water feature.

At different times in the afternoon, following their day in day services, the inspector had opportunities to meet and speak with residents in their home. They were observed going out for a drive with staff, spending time chatting with staff, getting food or drinks from the kitchen to have a snack, thinking about and preparing for a meal out, listening to music or the radio. Throughout the inspection staff were observed to knock on residents' doors before entering their rooms and to treat residents with dignity and respect. Staff were observed to take the time to listen to residents and to pick up on their verbal and non-verbal cues. Staff were observed moving to stand in front of residents to ensure they could be heard during interactions. The inspector observed some residents and staff communicating using gestures and shortened phrases or sentences. A number of staff had completed communication training to support them when engaging with residents.

Residents spoke to the inspector about how they liked to spend their time, things they had done and things they were looking forward to. For example one resident spoke of a show they had been in and how much they liked drama and dance. They spoke of the friends they had in drama and told the inspector that they were going for a Chinese meal with the cast that night to celebrate the show finishing. One resident explained that they had been Christmas shopping and the wrapping of presents had resulted in their room being 'messy and not their usual tidy standard'. They also told the inspector that they really liked their home and loved a lie-in which they had on a Wednesday. The resident brought the inspector into the kitchen to show them a new bread bin that had been bought and all residents indicated they were proud of their home. Residents also spoke about the important people in their lives and about how much they enjoyed spending time with them.

Residents were supported by day service staff for a few hours daily which allowed for them to engage in activities at a pace that suited them. All six residents were attending activities in day services and they talked about the activities they liked to do there and the friends they had. The inspector observed kind, caring and respectful interactions between the residents and staff during the inspection. The staff team worked to ensure that residents were encouraged to be as independent as possible, for instance, where a large milk container was too heavy for a resident rather than the staff member taking over the task they poured a small volume into a jug so the resident could make their own coffee.

In addition to meeting with five residents, three questionnaires about aspects of care and support in the centre were received by the inspector in advance. In these all residents stated that they were happy and felt safe in their home. They liked the staff team that supported them and had fun with them. One resident stated that they would like additional wardrobe space in the form of a walk in wardrobe and one resident stated that they liked when they had ice cream or chocolate to eat.

Staff who spoke to the inspector spoke of how they used residents' meetings as opportunities to discuss resident rights. They spoke about supporting residents to understand their choices and to make informed decisions. They also spoke about the importance of respecting people's choices.

Overall, the inspector found that the residents were supported by a staff team who were familiar with their care and support needs. They lived in a warm, clean and well-maintained home. They were being supported to make choices and decisions in relation to their day-to-day life. They were also being supported to explore activities in their local community to see what they found meaningful. They were supported to spend time with the important people in their life. One area for improvement that of the provider's oversight of resident finances was identified and this will be discussed further later in the report.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall the findings of the inspection were that the local management team were identifying areas for improvement and taking action to bring about improvements. However, improvements were required in the provider's application of their systems in relation to financial oversight.

The person in charge was full time and responsible for this and another designated centre. They were present in this centre regularly and in their absence there was a team leader on duty. They were supported in their role by the senior residential manager who also held the role of person participating in management of the centre and who was present in the centre regularly. The inspector met with all members of the centre management team over the course of the inspection.

The person in charge and local management team had systems in place for the day-to-day management and oversight of the centre. They were completing regular audits and taking action to bring about improvements in relation to the premises and the residents care and support.

There were no staff vacancies at the time of the inspection although there were some gaps on the roster due to unplanned long term leave. These gaps were being filled by consistent relief staff. There were planned and actual rosters in place and they were well maintained. Staff had completed training to enable them to support the residents in line with their assessed needs. Staff were in receipt of regular formal supervision and staff meetings were occurring regularly in the centre.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

## Regulation 15: Staffing

There were no staff vacancies at the time of the inspection. Planned and unplanned leave was being covered by regular relief and staff from this and the other centre the person in charge was responsible for completing additional hours. The provider

considered the resident at the centre of their day and as such day service staff were also utilised to ensure the residents' activities could be planned and carried out at a pace that was preferred by them.

The centre roster was well maintained and the inspector reviewed the actual and planned rosters. These showed consistency in the staff team and that the numbers of staff required to meet residents' assessed needs were in place. There was evidence of the provider and person in charge reviewing staff numbers for potential changing needs as part of future planning with an additional staff member rostered in the evenings.

The inspector reviewed a sample of staff personnel files and found that they were well maintained and contained all information as required by the Regulation and Schedule 2.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were completing training and refresher training in line with the provider's policy and the residents' assessed needs. For example, the team where required had completed communication training and diabetes awareness training.

Staff meetings were occurring regularly and staff were in receipt of regular formal supervision and on-the-floor mentoring and appraisal. Where required, performance improvement plans were in place and these contained clear learning goals and objectives and were reviewed regularly with the person in charge. Staff roles and responsibilities were discussed. The specific contributions team members were making to the residents' care and support and the day-to-day management of the centre were celebrated, and challenges they were facing with their roles and responsibilities were also discussed.

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that records specified in Schedules 2, 3 and 4 of the regulations were maintained and available for the inspector to review.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure which identified the lines of authority and accountability. The centre was managed by a person in charge who was familiar with the care and support needs of the residents. The local management team were monitoring the quality and safety of care and support for residents. Audits in the centre were completed by staff with specific responsibilities or the team leader and the outcomes reviewed by the person in charge. The person participating in management of the centre completed quarterly compliance audits and the actions arising from these were discussed jointly with the person in charge and progression of these was regularly reviewed.

The provider completed audits of the quality of care and support provided to residents as required by the Regulation. These were found to be detailed and to take into account the views of the residents and their representatives. The provider had a number of specialised departments and these were also used as part of the governance and oversight systems such as health and safety, or human resources.

Staff meetings were occurring in line with the provider's policy in addition to meetings with managers of all other designated centres operated by the provider to review the quality of services.

Judgment: Compliant

## Quality and safety

From what the inspector observed, was told, and from the documentation reviewed it was evident that every effort was being made by the person in charge and staff team to ensure that the residents were in receipt of a good quality and safe service. Work was ongoing with the residents to ensure they were developing and reaching their goals, gaining independence and engaging in activities they enjoyed in their local community. They were actively supported and encouraged to connect with their family.

A number of minor works had been completed in the premises since the last inspection with some changes made to support resident mobility. The house was well decorated and had residents items throughout which contributed to the homely and comfortable presentation. The furniture that was in place was in line with their assessed needs and being kept under review by the provider.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training

and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

## Regulation 10: Communication

The provider and person in charge were proactive in supporting residents with their communication needs to ensure they have a way to express themselves or to support them in understanding information. These supports were found to include active decision making by residents in all aspects of their lives.

The inspector found there was an individual approach to supporting residents that recognised the uniqueness of each individuals communication skills and abilities. Staff were observed being adaptable in the strategies they used to support residents for instance moving in front of an individual as part of support for hearing impairment. Where residents presented with limited verbal communication staff used gesture and structured manual signing supports in conjunction with simple consistent phrases and non-verbal cues.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had a policy and procedures in place regarding the management of residents' personal possessions. The provider policy directs that they would complete quarterly reconciliations on accounts to ensure that there were no discrepancies and that residents' finances were safeguarded. The inspector found that these were not being completed. One audit had been completed in 2023 to date and this stated that there had been no bank statements available to review in some cases since December 2022. No actions were identified for follow up following these audits.

While systems in the centre were in place and the person in charge maintained oversight of these systems they were daily and weekly reviews of cash balances and receipted transactions only. There was, as an outcome of having no statement reviews, no oversight in place of any potential irregular transactions nor of the potential involvement of others with the residents accounts. Residents had a financial assessment in place which showed the level of support they required to manage their finances. Associated risk assessments outlined the cash/daily assessments as control measures but no other checks or systems were identified as part of financial risk management. The residents who were assessed as not requiring support from the staff team had accounts in their name in financial

institutions; however, there was no oversight made accessible to residents for these accounts in the centre.

Judgment: Not compliant

### Regulation 17: Premises

The centre comprises a single storey house in close proximity to the provider's day services on the outskirts of a large town. The house is set in its own site and is registered to provide a home for six individuals. Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. The house was spacious, warm, clean and comfortable. Shared spaces were homely and residents' bedrooms were decorated in line with their wishes and preferences. Externally a private area was paved for ease of access and had comfortable areas for sitting and relaxing, a water feature that was of particular importance for one individual and lots of areas for planting.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of minor works had been completed since the last inspection including painting and decoration.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy which contained the required information. There was a risk register in place; it was found to be detailed and to relate to this centre where required.

In line with a review of incidents and through discussions with staff the inspector found that risks identified were reflected in the risk register, in either general risk assessments or in the resident's individual risk management plans. The risk rating for risks were found to match the risks in the centre. In addition, the control measures listed could be fully implemented. Risk assessments and safety plans were in place that aligned to residents' personal plans.

Where residents had for example, falls risk assessments these were up-to-date and actions or measures in place were found by the inspector to have been implemented such as review of door saddles or flooring.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. The inspector found that where there had been a number of significant medication errors identified by the provider in this centre their response had been robust with regards to medication practices in this centre. The inspector found that these responses ensured that this area of care was held to a good standard at all times.

There were records in place to indicate when medications were administered as prescribed. Where residents were supported to take some control of their medicines there were clear records of the supports in place around these also.

There were clear systems in regards to the storage of medicinal products with medicines returned to the pharmacy once they had expired. There was an opening date noted on labelling of any medicinal products ensuring there was a means to record how long a product had been open.

The documented care plans associated with medication management for the individual residents were detailed and subject to regular review. The provider and person in charge had self-identified that the details regarding staff guidance for the administration of 'as required' (PRN) medicines required review and this was underway at the time of inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these were regularly discussed at meetings between residents and their keyworkers. Photographs were taken over the course of the year and had been placed into individual plans or folders, this supported residents in talking about their goals and interests. Daily schedules and options to support choice making were available for

all residents. All individuals have a support and action plan in place that guides assessment and directs the provider as to further supports that may be required.

Residents had set personal goals and these these were associated with making choices and positive risk taking. The inspector found for instance one resident had set the goal to attend their church and the staff supported them in extending this to include receiving the parish newsletter, lighting a candle and taking communion. Residents had been supported to take short holidays and a number of residents spoke to the inspector about hotels they had visited.

Judgment: Compliant

## Regulation 6: Health care

The inspector found that the provider was recognising residents' current and changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. The inspector reviewed a number of health related care plans and found them to be detailed and to guide staff practice. Where required plans were linked to risk assessments or infection prevention and control guidance. The inspector observed residents taking responsibility for aspects of their own health care with minimal staff support, for example, as part of diabetes management, or in selecting food and drink in line with safe swallow guidance. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

## Regulation 8: Protection

The provider had a safeguarding policy and procedures in place to guide staff practice. Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities.

Notwithstanding the area covered under Regulation 12, all allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policy. There was evidence of the person in charge having put in place

robust investigations in relation to any allegation, incident or suspicion of abuse. Safeguarding plans were developed and reviewed as required. Residents had assessments completed which guided the development of intimate and personal care plans. Areas where residents may be vulnerable had been considered and the associated risks assessed to guide the development of personal support plans.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences. Sensitive yet detailed discussions had taken place regarding topics such as end-of-life care and these conversations were supported with easy to read and picture supported information. Surveys were sent to residents annually to gather their thoughts on what it was like to live in the centre.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every day in relation to areas such as where and how they spent their time, what they ate and drank, whether they chose to adhere to medical guidance and how involved they were in the day-to-day running of the centre. Individual rights assessments were completed and where restrictions were in place these were referred to the provider's human rights committee.

Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient. There was evidence of education sessions available within the centre for instance a visit by An Garda Síochána about road safety or attendance at literacy skills courses to support residents in signing their name.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Woodlands OSV-0001858

Inspection ID: MON-0033686

Date of inspection: 06/12/2023

## 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 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>SD-10 Individuals Finance Policy has been reviewed by the provider.</p> <p>Enhanced guidance on safe monitoring systems have been included in the new policy. With a streamlined focus on how, through comprehensive assessment, to effectively determine capacity and consent, when required, and based on these determinations, implement effective monitoring systems to support individuals to manage their financial affairs. Assessment and financial risk management will encompass all financial matters, including cash and bank transactions.</p> <p>Enhanced auditing practices have also been introduced in the new policy. A more robust approach, with a focus on checks and systems for all transactions, including bank transactions, has been included as part of financial risk management at provider and local levels. Reporting structures for the escalation of discrepancies has also been clearly defined in the updated SD-10 Individuals Finance Policy.</p> <p>The Quality Review group will formally ratify the reviewed policy on 07.02.24</p> <p>In the interim, priority auditing practices, such as local level bank reconciliations, have commenced and individuals bank statements have been audited by the provider for the period 01.01.23-31.12.23 to assure the provider that finances are safeguarded.</p>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	07/02/2024