



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

## Issued by the Chief Inspector

Name of designated centre:	Windrock
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	08 October 2024
Centre ID:	OSV-0003433
Fieldwork ID:	MON-0036402

## About the designated centre

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

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

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

Number of residents on the date of inspection:	4
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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 8 October 2024	09:30hrs to 16:45hrs	Tanya Brady	Lead
Tuesday 8 October 2024	09:30hrs to 16:45hrs	Linda Dowling	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on registration renewal for the designated centre. The inspection was completed over the course of one day by two inspectors. Overall inspectors found that residents attending this centre for respite were safe, well cared for and very happy during their stay. The findings for the most part were positive and the provider was found to have made improvements in many areas identified as requiring review in the previous inspection. However there were still some improvements needed in the areas of personal plans, risk management and governance and management.

This centre is in a rural setting and comprises a large bungalow with substantial garden space including mature foliage to the front of the house. Externally there is an area to sit and relax with a large well maintained lawn. Internally there were four resident bedrooms, these were spacious, with capacity to hold personal mobility equipment and relaxation areas as required. There were two large shared bathrooms one included an accessible Jacuzzi bath, a kitchen-dining room, utility room, sitting room and separate activity room.

On the day of the inspection there were four young adults attending respite for a period of six nights. On arrival the inspectors were greeted by two residents who were enjoying breakfast, they told inspectors about their plans for the day which included going to a chocolate factory and eating out to celebrate one resident's birthday. One resident informed us about the other plans they had for the week which included trip to the cinema and bowling. The other two residents enjoyed a relaxing morning and got up at their leisure one enjoyed a long Jacuzzi bath after their breakfast.

Two residents asked to speak with the inspectors on the morning of the inspection. They informed the inspectors that they loved coming to stay in Windrock. They referred to being in respite as their holidays and said they always enjoyed their stay. One resident has been attending since 2019, they outlined that when they arrive on a Monday they put away their belongings and chat with the staff on duty and the other residents to form a plan for the week ahead. They showed the inspectors where this plan was on display in the house. Another resident told inspectors how they like to relax when they come to respite. Both residents said there was nothing that they didn't like but they stated they did know who to speak to if they had a concern.

Another resident indicated they did not wish to speak with inspectors but were happy to have them in the house. They engaged briefly when asked what they were watching on their portable DVD player and showed inspectors the DVD box. The resident liked to relax in the living room and was observed engaging briefly with peers and with the staff team and moved through the centre confidently when they wanted to make a snack, manage their belongings or wished to relax.

The final resident staying in the centre, spoke to one inspector as they moved through the kitchen on their way to the centre vehicle for an outing. The commented that they liked staying in respite and told the inspector that they had a new haircut before coming to the centre.

All four residents were observed freely moving around the house with confidence. They were observed spending time with staff having a cup of tea and a chat but they were also observed spending time in communal spaces and their bedrooms.

As this inspection was announced residents had completed questionnaires sent to the centre in advance called 'tell us what it is like to live in your home'. There were four questionnaires available for inspectors on arrival. These outlined that residents liked coming to stay in the centre and that they felt safe and happy there. Comments included "I like my room it is cozy and nice", "I have made a lot of friends here" or "I really love coming to Windrock". Residents spoke of the independence they have in the centre with comments such as "we have a meeting on a Monday evening and decide what to do in the week", "I love the food here", "staff always support me" or "everyone decides what we do in the week".

This inspection was facilitated by the person in charge and the centre social care leader and the inspectors found they were aware of resident likes, dislikes and preferences, and were motivated to ensure that residents were happy, safe, and engaging in their community and participating in activities they enjoyed while staying in respite. The provider currently operated a respite service for 55 individuals.

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 the service being delivered.

## Capacity and capability

Overall, the inspectors found that the registered provider demonstrated the capacity and capability to support residents in the designated centre during their stay. There was an appropriate number and skill mix of staff to meet the residents' assessed needs and the provider ensured continuity of care with an established staff team. The provider ensured staff were supported in their role through training and supervision. The person in charge had regular presence and oversight of the centre and was supported by a social care leader who was based only in this centre.

However, while there was a clearly defined management structure, not all management systems were not being effectively monitored. The six monthly unannounced provider audits for example, had not been completed as per the regulation and the directory of residents was not up-to-date with accurate

information in relation to the residents.

The provider, person in charge and social care leader were working with residents to take a respite stay that supported them in gaining independence and in making choices in their day-to-day lives. They were committed to ensuring residents had the opportunity to experience activities and events that were important to them.

### Regulation 16: Training and staff development

The provider ensured staff were supported and facilitated to access training both mandatory and any additional training required in line with the residents' assessed needs. For example staff had attended diabetes training and Lámh (a manual signing system) training had been sourced for the staff team later in the year. The provider had a training plan in place that identified training courses available over the course of the year.

Staff received regular formal supervision along with on going support from the social care leader and person in charge. When speaking with one staff member they said there was always someone to contact if a concern arose in the house. They identified the out of hours on call service available to them at weekends or late at night.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre. This has been reviewed by inspectors and meet the criteria set out in the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider has a clearly defined management structure in place in the centre. The person in charge has responsibility for three other centres in addition to this operated by the provider and was supported in this centre by a full time social care leader. They in turn are supported by a person participating in management for the

centre with clear lines of authority and accountability in place.

The inspectors acknowledge the significant work that the management team had completed since the last inspection of this centre whereby a system of review for all 55 residents was established. In addition a system of person in charge review was completed between all persons in charge who worked in the provider's services. This new peer review system was seen to have enhanced consistency in the provider's services and supported learning between centres.

Some gaps in documentation and oversight remained however, including that six monthly unannounced visits and reports had not been completed as required by the regulation. In addition there were some minor gaps in documentation such as in the maintenance of the directory of residents. The provider was for the most part effectively identifying areas that require action despite some of the gaps in audit structures.

Staff meetings were taking place although there were a number of gaps between meetings such as between September 2023 and May 2024 where no record of meetings were recorded however, there were clear systems for communication with the staff team. Staff who spoke with inspectors highlighted positive communication and stated that they felt supported and that lines of communication were open to them.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The 'statement of purpose' is a required governance document that outlines the service to be provided in the designated centre. The statement of purpose present on the day of inspection was up-to-date and reviewed in line with regulations. It was inclusive of all necessary details as outlined in Schedule 1. This statement of purpose had been submitted to the Chief Inspector as part of the application to renew the registration of the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspectors reviewed the providers' incident and accident records and found that all those that required notification to the Chief Inspector had been submitted in line with the requirements of the regulation.



Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a policy and procedure in place for the management of complaints including some easy-to-read documents. The provider's policy had been reviewed recently and was current and available for reference in the centre. The inspectors found that residents and their representatives were aware of how to make a complaint if they wished to. Details of who to complain to was available in the centre, in addition to information on accessing advocacy or other supports.

The inspectors reviewed the centre complaints register and found that a comprehensive tracking system was in place that monitored the progress of complaints. A small number of complaints were recorded as received in 2023 and 2024 and all had been resolved locally and in line with the policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The inspectors reviewed a number of policies and procedures as part of the inspection in line with regulations covered. For example complaints, medication management, risk management and fire safety policies were all reviewed and found to be in line with regulations. The inspectors found that procedures and systems documents were developed in line with policy. Policies reviewed had been updated within a three year period and were available to the staff to support them in their role.

Judgment: Compliant

### Quality and safety

The inspectors found that residents who availed of respite stays were supported and encouraged to engage in activities of their choosing and to have good quality experiences. There was evidence of consultation and residents had access to opportunities for social engagement. Improvements were required in risk management and in the development of individual personal plans.

Residents were supported to control and retain access to their personal possessions while staying in respite with clear processes in place to oversee what arrived at the centre and what was with the resident when they returned home. These included medications, finances and personal items. Residents had access to facilities to launder their clothes if they wished to while staying in the centre.

Overall the inspectors found that the centre provided a comfortable place to stay that was clean and in good state of repair both internally and externally. The house was suitably designed and equipped to support the large number of residents who attended for respite all with different assessed needs. It had a homely feel and was clean and warm. Residents were clearly making decisions about how they wished to spend their time.

It was evident in the centre that residents were supported to participate in activities in accordance with their interests. Residents had access to transport and staffing allocations meant that residents could get out each day to areas of their choice.

Residents engaged with inspectors and outlined how they were happy in the centre and felt safe while on respite.

## Regulation 17: Premises

As mentioned earlier this centre is located in a rural setting and comprises a large bungalow with substantial garden including mature foliage to the front of the house. Externally there is an area to sit and relax with a large well maintained lawn. Internally there were four resident bedrooms these were spacious, with capacity to hold personal mobility equipment and provide areas for relaxation as required.

The bedrooms were clean and well maintained. One bedroom had a small area of flooring observed to be damaged but this had been identified by the provider and new flooring had been approved for ordering. There were two large shared bathrooms one included an accessible Jacuzzi bath. Both bathrooms were well kept with a storage system in place for shower or washing slings to use with hoists.

The centre kitchen had been reconfigured since the last inspection which provided more space for residents. The kitchen units had all been replaced along with new presses in the utility room, There was a spacious and cosy sitting room and separate activity room. From review of the documentation and observations by the inspectors, the provider had effective cleaning systems in place including the cleaning of personal equipment.

On the morning of the inspection when inspectors arrived a member of the maintenance team was on site to fix a fire door that was not closing correctly this had been identified the previous evening by the provider and they logged it on their online portal. From review of all maintenance requests the response time overall is very good.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy that contained all areas as required by the Regulation. In addition there was a provider Health and Safety statement in place. Inspectors reviewed the servicing records for all equipment in the centre including, hoisting equipment, electric beds or the bath and found all equipment used in the respite centre was serviced and maintained.

The provider and person in charge had ensured that there were centre based risk assessments in place and these were found to be reviewed and updated as required. They contained assessments for risks such as risk of fire evacuation, slips, trips and falls or risks of absconding or staff working on their own. All restrictive practices in place in the centre also had an associated risk assessment in place with clear control measures to minimise the impact of the risk.

All residents who attended respite had individual risk assessments that identified specific areas of risk for them and these contained associated control measures. These were for the most part found to be comprehensive and up-to-date. Inspectors found however, that in some assessments the control measures stated as required needed review. For example one risk assessment referred to speaking to family members prior to leaving the centre for a walk. It was not clear from the documentation the reason the control was stated as needed nor the rationale for its use.

Also the provider identified review dates or timeframes were not consistently being adhered to. For example where a risk of choking or swallowing items such as paper was in place dated 19 February 2024 this had been scheduled by the provider for review in August 2024 and this had not been completed on the day of inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider and person in charge had reviewed the fire safety arrangements in the centre following the last inspection and a number of changes to evacuation and fire safety equipment and containment had been completed. There were suitable arrangements in place to detect, contain and extinguish fires in the centre. Checks were being completed in accordance with the provider's policy and best practice. As stated already under Regulation 17 the provider's checks had identified issues with

closure of one fire door and this was repaired on the day of inspection.

Fire drills were being carried out in line with the provider's policy and there was recording of learning from these. The inspectors reviewed records of fire drills being completed in the centre and found evidence that 'night drills' had been completed on a regular basis. This provided assurance that the maximum number of residents could be evacuated by the minimum number of staff. The person in charge had a system in place to ensure that all residents who attended for respite participated in at least one fire drill per year. The drill records indicated where the residents were in the centre and how they had evacuated.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. All staff had received training in the safe administration of medication. The inspectors observed that there were suitable storage facilities for medicines, including a double locked press for controlled medicines. The keys for the medication storage units were kept in a locked box in the office at all times when not in use.

While on a few occasions staff had identified discrepancies with medication when residents arrived in for a respite stay. These were addressed in line with providers policy and rectified with a clear management plan put in place to support the person during their stay.

On reviewing the prescriptions (Kardex), it was found that all residents had up-to-date records in place. All administrations of medication had been appropriately signed and each 'as required medication' (PRN) had protocols with clear guidance for staff on when to administer it, the maximum daily dosage allowed, and the minimum gap between dosages

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Respite users had assessments of their needs in place; an annual review of all stays was completed and this information added to the ongoing assessment. Plans relating to health and other care needs were clear and well documented. However, personal social plans did not always consistently and clearly identify areas that were important for residents when they stayed in the centre. Areas within assessments

and plans required review to ensure they were reflective of respite user's needs or desires as expressed for their stay.

Inspectors found for example that as part of residents' annual review and progress reports that goals and objectives were set for the following year. It was not apparent in subsequent stays the importance of these goals to the resident, how these goals were considered or followed through. It was also not apparent how progress towards meeting these goals was recorded.

Equally, inspectors found that these stated objectives were not the focus for residents when they came to stay in the centre. For example a stated objective at an annual review for one resident was 'health eating' however, the records maintained over the course of respite stays showed that the resident was supported to eat in multiple fast food restaurants and to purchase snacks and fizzy drinks almost daily. Inspectors acknowledge that this is a resident's holiday and the right to eat where they liked was an integral aspect of that but this was not reflective of the stated objectives nor reflective of potentially the resident's wishes for that specific stay.

Residents were meeting with the staff team at the start of each stay and there was a process of developing goals for that at a pace that suited them. For instance, the individuals staying together on this occasion realised it had been one resident's birthday. On discussion they found that they would like a group day out and to have a meal together. They expressed this at the start of their stay that this was something they really would like to do and the staff made arrangements for the four residents to visit and do tour of a chocolate factory and to eat at a restaurant.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Throughout the inspection the inspectors observed the residents being treated with dignity and respect. For example inspectors overheard a conversation with staff and a resident over a cup of tea, the resident expressed they wanted to go to Waterford and the cinema. The staff supported them to search online to find suitable films that they might like to see. Staff read the trailers and reviews with the resident and supported the resident to make a choice about which one they wanted to go and see.

Residents had a key available for their bedroom while they were on respite if they wished to use it. Also available in each bedroom was easy-to-read information in relation to complaints and fire safety as well as personalised information for each resident on their evacuation process.

Staff completed a survey with residents at the end of their stay to ask them what

they had liked and if there was anything they didn't like. From review of these residents had positive feedback to give at the end of their stay and many expressed they were looking forward to their next stay. Residents had expressed when talking with the inspectors that they know who to talk to if they were worried our concerned, they follow this up with they never have to make a complaint they are always happy.

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>	
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Windrock OSV-0003433

Inspection ID: MON-0036402

Date of inspection: 08/10/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Unannounced inspections are currently completed in a calendar year, to ensure no long periods the PPIM will going forward will complete inspections within six months from the previous unannounced inspection.</p> <p>The house manager will include as part of the admission/discharge process for each resident to update the resident directory with the relevant information.</p> <p>A scheduling template for regular staff meetings will be put in place by the house manager, this will ensure there are no long periods between staff meeting supporting clear systems for communication going forward.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The house manager has developed a clear plan to ensure all service users' risk assessments are updated in a timely manner. This will include clear indications of risk rating and review timelines. Rationales will be provided if the risk assessment is identifying particular methods and reviewed after each visit. All risk assessment since the day of inspection have been updated to reflect current practices.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All adults attending respite will have clear short term goals for their visit/holiday identified going forward, due to the nature of attendance it is anticipated it will take approximately 6 months to review and update all personal goals. These goals will be inclusive of social outing preferences and will be noted in their admission summary form. Opportunities offered during their respite stay will reflect the short term goals noted in the admission summary. These opportunities will be recorded/updated in their PCPs in relation to the progression of the resident preferred goal for their respite visit.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/12/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	01/12/2024

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/05/2025
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2025