



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands/Crossroads
Name of provider:	St Aidan's Day Care Centre Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	16 August 2022
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0033701

About the designated centre

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

Woodlands/Crossroads provides long-term residential care for up to 11 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 centre comprises of two interlinked buildings, accommodating up to 5 residents in Crossroads and 6 in Woodlands. The residents all have their own individual bedrooms. Rooms are fitted with all the necessary equipment and assistive devices needed by the residents. The buildings which make up the centre are 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 centre has a full time person in charge, along with two team leaders.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 16 August 2022	09:30hrs to 14:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was a short term announced inspection. The inspection took place during the COVID19 pandemic and therefore, precautions were taken by both the inspector and the staff. This included regular hand hygiene and the wearing of personal protective equipment in line with national guidance for residential care facilities.

There were eleven residents living in the centre on the day of inspection. The centre comprised of two houses Woodlands and Crossroads. Six residents were living in Woodlands and five residents were living in Crossroads. Both premises are two bungalows which were connected by a glass corridor. The service had plans to reconfigure the centre and remove this connecting corridor. Both centres are located on a campus setting.

Both houses presented as homely and some maintenance works, such as paintwork, had been completed since the centres most previous inspection. The centre had also developed a new outdoor sensory garden and seating area which staff communicated residents enjoyed using in the nice weather. One resident had recently celebrated their birthday out in the new garden area with family and friends. Residents personal items including pictures, artwork, toys and an exercise bike were noted around the centre. Residents had all personalised their own bedrooms to suit their needs and there were sufficient communal spaces in the premises for the number and needs of the residents. The inspector noted fresh flowers in place in the home on the day of inspection.

Residents appeared to enjoy a program of regular activation. All residents were out of the centre attending day service on the day of inspection. The inspector noted pictures of the resident attending some of their preferred activities and achieving some of their goals. Residents regularly enjoyed activities including walks, gardening, going to the cinema, massage, sensory activities, shopping, arts and crafts, yoga, picnics and trips to the beach.

The staff team comprised of a mix of nursing staff, social care workers and support staff. The numbers and skill mixes of staff in place appeared appropriate to meet the assessed needs of the residents. Residents appeared to enjoy a consistent staff team who were familiar with their needs and preferences. Staffing levels in the centre ensured that residents were appropriately supported with their assessed needs at all times. Staffing levels and arrangements were regularly reviewed by the management team and changed when required.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The inspector found that residents' well being and welfare was maintained by a good standard of evidence-based care and support. High levels of compliance with the regulations reviewed were observed on the day of inspection and the provider had appropriately addressed any areas of non compliance since the centres most

previous inspection.

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 in the centre.

Capacity and capability

The provider was in the process of re-configuring the designated centre and splitting Woodlands/Crossroads into two centres - Woodlands and Crossroads. The provider had submitted an application to vary and an application to register a new designated centre as part of this process. The purpose of the inspection was to review the centres ongoing levels of compliance with the regulations and to inform a decision on the pending applications. Overall, inspection findings demonstrated high levels of compliance with the regulations reviewed. The provider, management team and staff demonstrated the capacity and capability to provide a safe and effective service to the residents living in Woodlands and Crossroads. There was a robust management structure and team in place, who ensured that the service provided was regularly audited and reviewed.

Regulation 15: Staffing

The staff team comprised of a mix of nursing staff, social care workers and support staff. The numbers and skill mixes of staff in place appeared appropriate to meet the assessed needs of the residents. Residents appeared to enjoy a consistent staff team who were familiar with their needs and preferences. A staff rota was maintained and was reflective of staff on duty during the day and night. Systems were in place to ensure that staff were clear on daily tasks allocated to them while on duty.

Judgment: Compliant

Regulation 23: Governance and management

There was a full time person in charge in the centre who was supported by two team leaders. One team leader was in Woodlands and the other in Crossroads. The service provided was regularly reviewed and audited by the provider and senior management team. A six monthly unannounced audit had been completed in June 2022 and this appropriately self-identified areas in need of improvements. Compliance with the standards and regulations were used when reviewing the

service provided. Audits included consultation with staff and residents. Residents and/or their representatives all communicated high levels of satisfaction with the service provided during the centres most recent audit. The service had a quality lead who regularly attended the centre and reviewed the service provided. The person in charge also completed regular audits on staff competency and knowledge on the centres processes for money management, safeguarding, cleaning, infection control and personal planning. The service management team had regular meetings to discuss the service and any outstanding actions.

Judgment: Compliant

Quality and safety

The inspector found that overall, the registered provider was providing a safe and effective service to the residents. The designated centre provided a comfortable and homely environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as personal planning, activation, infection control, and resident rights.

The inspector viewed a sample of residents' assessments and personal plans. These were found to be person-centred and regularly reviewed and updated. The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated in an efficient manner at all times of the day and night.

The registered provider had effective systems in place to prevent and control the potential spread of COVID-19 in the centre and adequate contingency arrangements were in place in case of infection.

Regulation 17: Premises

Overall, the premises was maintained in a good state of repair. Both houses presented as homely and some maintenance works, such as paintwork, had been completed since the centres most previous inspection. The centre had also developed a new outdoor sensory garden and seating area which staff communicated residents enjoyed using in the nice weather. One resident had recently celebrated their birthday out in the new garden area with family and friends. Residents personal items including pictures, artwork, toys and an exercise bike were noted around the centre. Residents had all personalised their own bedrooms to suit their needs and there were sufficient communal spaces in the premises for the number and needs of the residents. The inspector noted fresh

flowers in place in the home on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate procedures were in place to protect residents against healthcare associated infections and COVID-19. The premises presented as well ventilated, clean and well maintained and there were clear cleaning schedules in place that staff completed daily to ensure that all aspects of the centre were cleaned regularly. The centre had recently implemented new mop systems for cleaning floors in the centre and this ensured that there were separate colours for cleaning different areas of the centre. Appropriate systems were in place to store and dry these mops. The inspector noted schedules in place to ensure that all water systems were regularly flushed to reduce the risk of water-borne infections. There were appropriate laundry facilities in place to ensure that soiled linen could be safely managed by staff and to ensure that clean and dirty laundry could be managed separately to reduce the risk of cross contamination.

Protecting residents against the risk of COVID-19 continued to be a focus in the centre. The service had an infection prevention and control (IPC) committee in place who met every two weeks. This committee comprised of a service IPC link, an IPC lead, a quality and safety lead and the management team. IPC measures and national guidance was regularly discussed and reviewed at these meetings. The service had developed a COVID-19 contingency plan for in the event of an outbreak. Residents had all been supported to get their COVID-19 vaccines and boosters. Appropriate stock of personal protective equipment was in place and stocks were regularly reviewed by the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire safety systems in place. The inspector completed a walk around both premises and noted appropriate containment measures, emergency lighting, detection systems and clear exit routes. Staff were completing safety checks in all of these areas daily, to ensure their efficiency. A staff fire "lead" was identified on each shift during the day and night.

All residents had individual emergency evacuation plans in place which included details of the residents abilities to understand fire safety and evacuate the centre safely in the event of a fire. Adaptive equipment was in place for one resident who had a hearing impairment, to ensure that they were appropriately alerted in the

event of a fire in the centre. One to one key working sessions had been completed with residents on fire safety. Regular fire evacuation drills were being completed by both staff and residents which simulated both day and night time conditions in the centre. Drill records demonstrated that staff could safely and efficiently evacuate all residents from the centre in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents all had individual assessments of need and personal plans in place and these were subject to regular review. All residents had individual personal goals, which staff were supporting them to work towards achieving. Goals included attending concerts, community participation, volunteering and signing up to dance classes. One resident was working towards being more independent with managing their finances. Residents all had plans in place for specific healthcare needs where required.

Residents appeared to enjoy a program of regular activation. All residents were out of the centre attending day service on the day of inspection. The inspector noted pictures of the resident attending some of their preferred activities and achieving some of their goals. Residents regularly enjoyed activities including walks, gardening, going to the cinema, massage, sensory activities, shopping, arts and crafts, yoga, picnics and trips to the beach.

Judgment: Compliant

Regulation 9: Residents' rights

Some residents had previously presented with compatibility issues while living together in the centre. This appeared to have been appropriately addressed by the provider, with plans and supports in place which were working well for all residents living in Woodlands/Crossroads. Residents were offered choice and control in their daily lives. Residents experienced regular house meetings with staff and one resident regularly attended an advocacy group. Residents were regularly consulted regarding their satisfaction with the service provided and their plans and wishes for their current and future living arrangements.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant