Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	Redwood Extended Care Facility Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 December 2023
Centre ID:	OSV-0005724
Fieldwork ID:	MON-0033199

About the designated centre

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

The centre provides residential service for five adults over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties, and behaviours of concern. The centre is located on a campus setting in a rural area, a short drive from the nearest town in Co. Meath. The centre is laid out on one level and can accommodate residents with mobility issues and is fully wheelchair accessible. The centre consists of five individual bedrooms, one of which is next door to a living room for the sole use of that resident. There are adequate bathroom and toilet facilities to meet the needs of five residents. There is a kitchen, separate dining area, a large sitting room and two further living rooms. The centre is staffed by a combination of staff nurses, support workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 5 December 2023	10:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection conducted in order to monitor on-going compliance with regulations and standards and to help inform the decision to renew the registration of the designated centre.

The inspector found that the home was kept clean and well maintained, and appropriately laid out, equipped and furnished to meet the needs of residents. There were communal living areas including garden areas which were well used by residents.

Each resident had their own bedroom, and some people had their own living rooms in accordance with their particular preferences. Residents' rooms were personalised, and each had their preferred items and belongings.

Residents had chosen the colours for the décor of their rooms, for example in relation to their favourite sports team, and some people had murals on their bedroom walls depicting areas of particular interest to them.

On the morning of the inspection, residents chose not to accept a visit or any interaction with the inspector, and this was respected. The inspector therefore made unobtrusive observations, spoke to staff and the person in charge, and reviewed documentation relating to the care and support of the residents.

However, during the course of the inspection, one of the residents accepted a visit from the inspector to their personal living area in the company of their relative who was visiting. The resident was supported by their relative to show the inspector some preferred belongings, and they presented some items of interest to the inspector.

The resident's family member told the inspector about various positive aspects of life in the designated centre for their relative. They stressed the importance of the resident having their own living room as well as bedroom area, and spoke about the support the resident received from staff, for example with their hobby in the garden. They spoke about gradual improvements that were being made towards some of the resident's goals, and made particular mention of the fact that there was currently a more consistent staff team than there had previously been. They said that their relative was safe in their home, and that they thought their relative was content and settled.

Residents were engaged in various activities during the day of the inspection, some of them within their home, and others out in the community. One of the residents came to the staff office dressed up warmly for their outing, clearly smiling at staff and looking forward to their activity.

Staff had received training in supporting the human rights of residents, and spoke about the ways that this training had raised their awareness, for example in their recognition that restrictive practices that were in place to maintain the safety of residents was also having an impact on others. Changes had been made to reduce this impact so as to support the rights of all the residents.

The person in charge spoke about a review of intimate care plans that had taken place to ensure that the rights of residents were supported. When reviewing documentation the inspector found that these plans were detailed and ensured the privacy and respect for residents.

Staff were observed by the inspector to be supporting residents in a caring way, for example, an unobtrusive observation by the inspector found a staff member to be comforting a resident who was unsettled by gently stroking their head – a strategy which was identified as being effective for this resident.

Overall the service in this designated centre was effectively managed, and residents were supported to have a comfortable and meaningful life, to have their needs met.

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

Capacity and capability

There was a clearly defined management structure in place, and evidence of a regular management presence in the centre.

Various processes to ensure monitoring and oversight of the care and support offered to residents were in place, and were seen to be effective in ensuring the safety of residents.

Staffing numbers and skill mix were appropriate to meet the needs of residents, and staff training was up-to-date,

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and there was a more consistent staff team than there had been previously, with the majority of staff having worked in the centre for more than a year, and several of the staff team having been consistently part of the staff team for several years.

However, the requirement to maintain a planned and actual staffing roster was not fulfilled, and the information available in the centre was either incomplete or inaccurate. The person participating in management was able to track down the information through an email system and the clocking in system, however, it was clear that this requirement was not regularly monitored.

A sample of staff files was reviewed by the inspector and, and while most of the information required by the regulations was in place, there were gaps in the employment history in two of the three files checked. While the person participating in management presented information at the end of the inspection to account for the missing dates, this was only a small sample of the files, and the inspector was not assured that this aspect was monitored appropriately.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and could discuss various aspects of their daily lives and the activities that they chose to engage in.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training was up to date, and included all mandatory training, and training in positive behaviour support. All staff and the person in charge had received training in human rights and in assisted decision making.

Formal staff supervisions took place on a quarterly basis and the schedule was up-to-date. The discussions were documented in detail in each staff member's record.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 21: Records

All records or documents that were required to be available in the centre were in place.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations.

Both of these process identified required actions and expected timeframes, and these required actions were monitored until complete. A sample of the required actions was reviewed by the inspector and were found to have been completed or to be within their timeframe.

There were various audits undertaken in the centre, in accordance with the requirements of the management team, including audits of risk management, medication management and fire safety.

Any accidents and incidents were reported and recorded appropriately, and were escalated to both the management team and members of the multi-disciplinary team (MDT) as required.

Monthly staff meetings were held at which the running of the centre was discussed, together a review of any accidents and incidents, and feedback from staff. These meetings were held over two days to ensure the maximum attendance of staff, and any staff unable to attend were required to read and sign the minutes of the meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version.

The procedure followed in the designated centre on receipt of a complaint was transparent and included a clear escalation pathway. Where a complaint could not be resolved by the person in charge to the satisfaction of the complainant, it was escalated initially to the person participating in management, and if still not resolved, to the Chief Operating Officer. It was clear that actions were taken to resolve any issues to ensure that the rights of residents were upheld.

Any compliments on the care and support offered to residents were also recorded and shared with the staff team.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable and meaningful life, and to have their needs met and their choices respected. There was a detailed system of personal planning which included all aspects of care and support for residents, and individualised activity planning was in place.

Positive behaviour support was provided by knowledgeable staff team supported by members of the multi-disciplinary team.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Risk management appropriate, and all identified risks had been mitigated through detailed risk management plans.

The premises were appropriate to meet the needs of residents.

Regulation 12: Personal possessions

Residents had a range of personal possessions, and a clear record of their personal items was maintained and regularly updated.

Personal spending money held by each resident in the designated centre was well managed and monitored locally and there were consistent checks in place. Two staff members checked the amount of money held by each resident twice a day, and any purchases were accurately recorded. There was an entry for each purchase that was signed by two staff members, and a receipt was available. A reducing balance was maintained following each purchase.

However, one of the residents did not have a bank account, and did not have access to their income. The resident had previously lived in a service operated by another provider, and their disability allowance was paid directly to this provider and not the resident. This practice remained in place, and a cheque was sent to the resident for their personal spending.

A further email was presented which had been sent by the resident's social worker to the other provider on 15 September 2023 to highlight that the resident had no access to their money, but no response had been received.

This system did not support the requirement of the regulations that each resident has access to and retains control of personal property and possessions, or the requirement that the registered provider shall not pay money belonging to any resident into an account held in a financial institution unless consent had been obtained, or that the account is in the name of the resident to which the money belongs.

Since this issue had been identified during a recent inspection of another designated centre operated by the provider, the PPIM presented documents that indicated that steps had been taken to try to address this issue. However at the time of this inspection it had not been resolved.

Judgment: Not compliant

Regulation 17: Premises

The premises were appropriate to meet the assessed needs of residents, and provided the personal spaces that suited the needs of residents.

The outside areas were appropriate to meet the needs of residents, and some residents were involved in the maintenance and improvement of the garden areas.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place which included all the requirements of the regulations. Risk assessments and management plans were in place for all identified risks in the designated centre, both general risks and risks that were individual to each resident. Each of these risk management plans were detailed and were regularly reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was visibly clean throughout, and all items of maintenance identified in the previous inspection as requiring attention had been addressed.

A recent audit of infection prevention and control had been conducted, and was seen to be a detailed and meaningful audit which examined all areas of IPC, and included comments and required actions. All required actions had been addressed.

A recent outbreak of an infectious disease had been well managed and contained. The person in charge had sought public health advice which was implemented, and all current guidelines had been adhered to. A detailed post-outbreak review had been documented which identified the areas of good practice which had been effective, and allowed for any learning to be documented.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that all residents could be evacuated in a timely manner in the event of an emergency, and there was a detailed personal evacuation plan in place (PEEP) for each person which had been regularly reviewed. Each PEEP included clear direction as to how best support each resident in the event of an emergency, and included items to support them, for example there was clear social story in place for one resident.

Staff had all received training in fire safety, and could describe the steps they would take in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident based on a detailed assessment of needs. A sample of these care plans was reviewed by the inspector.

There were sections in the care plans relating to various individual needs of residents, for example in relation to personal and intimate care, and these were detailed and regularly updated. There were sections on communication, which included detail as how best to present information to residents, and on mental health and wellbeing as required.

There was a person centred plan in place for each resident, and goals for achievement had been set with residents and where making choices was difficult for residents, options were presented in a way that supported their decision making.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support there detailed behaviour support plans in sufficient detail as to guide staff in any required interventions. The plans were based on a comprehensive assessment of needs and the plans were regularly reviewed by members of the MDT including the behaviour support specialist.

There was evidence that behaviour support plans had been implemented, and that there were improved outcomes for residents as a result, including the reduction of risk to the individual relating to their behaviour.

Where restrictive interventions were required to ensure the safety of residents, there was a log maintained which included the associated rationale for each. An easy read version of each restriction had been made available to residents to ensure understanding and to support discussions. Residents had indicated their consent to restrictive practices and had added their signature to the documentation.

There was evidence that restrictions were kept under constant review, and that they were removed as soon as it was safe to do so.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had received training in human rights and in assisted decision making, and it was clear throughout the inspection that the rights of residents were supported.

Some residents had particular preferences in relation to which staff supported them, and this was well managed on all occasions.

Consultation with residents took various different forms, including 'keyworking sessions' which were a one-to-one consultation between staff and individual residents, together with regular residents meetings. These meetings facilitated choice making by residents, and clear records of the meetings showed that feedback was taken from residents.

There were significant efforts to ensure a meaningful day for residents, which included supporting their particular needs and preferences. Daily activities were recorded and monitored, and any required accommodations were in place.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0005724

Inspection ID: MON-0033199

Date of inspection: 05/12/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge has ensured that the planned and actual rosters are maintained correctly . A review of planned and actual staffing rosters has taken place and this will be kept under review at monthly Governance with the Assistant Director, to ensure they are accurate. HR department has completed a review to ensure all Schedule2 information is in place at the time of employment. . Furthermore, the Person in Charge has audited staff files to verify that all appropriate information is in place. .	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: A process is now in place to ensure all residents have access and control over their personal finances, in line with their assessed needs. Where residents require supports, the Person in Charge will ensure they are put in place. The Talbot Group has identified where residents do not have access to their income due to the management of PPP accounts by the Executive. In these circumstances, the Talbot Group have escalated their concerns regarding this arrangement to the Executive and are seeking a meeting to ensure all residents have appropriate access and control over their finances. If this meeting is not successful, Advocacy referrals will be submitted and	

contact made with the Department of Social Protection.

All appropriate safeguarding measures are in place to ensure that residents local finances are safely stored.

The Talbot Group will engage with financial institutions to support residents with their will and preference. Where legally permissible, residents will be supported to open their own bank or post office accounts. Where residents require the support of Assisted Decision Making representatives, the Talbot Group will actively support this.

Compliance with Regulation 12 will be assessed during monthly governance meetings, through unannounced visit to the Designated Centre every six months, and through the Annual review of the quality and safety of care and support in the designated centre.

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 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	30/06/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	26/01/2024
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Substantially Compliant	Yellow	26/01/2024

	documents specified in Schedule 2.			