



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:	09 April 2021
Centre ID:	OSV-0001858
Fieldwork ID:	MON-0031861

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 6 residents in Crossroads and 5 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 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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 9 April 2021	09:00hrs to 14:30hrs	Sinead Whitely	Lead
Friday 9 April 2021	09:00hrs to 14:30hrs	Conor Brady	Support
Friday 9 April 2021	09:00hrs to 14:30hrs	Louise Griffin	Support

What residents told us and what inspectors observed

Inspectors had the opportunity to meet with nine residents on the day of inspection. Two residents were not present in the centre on the day of inspection. Residents used both verbal and non verbal methods to communicate. The inspectors used information shared by the residents, observations of the residents in their home, a review of documentation and conversations with key staff to form judgments on the residents' quality of life.

The inspection took place during the COVID -19 lockdown period and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Adherence to public health guidance was maintained at all times.

Overall, inspectors found significant changes and improvements since the centres previous inspection in November 2020. Premises works had been completed, changes in management had also taken place and staff education and development was ongoing. The provider had also reduced overall numbers in the centre by 1 since the previous inspection in line with their de-congregation plans. The centre was found to be operating with higher levels of compliance with the regulations in comparison to the centres most previous inspection.

The premises appeared suitable to meet the needs of the residents. The centre was warm, clean and homely on arrival. Residents were on their Easter holidays and were present in the centre. Pictures of the residents were noted around the living area, along with residents belongings. One resident happily showed the inspector a picture they had chosen for the sitting room wall. Another resident showed the inspector around their home and appeared satisfied and proud of their space. Residents had access to a sensory room and a private space to meet with visitors, when COVID-19 restrictions allowed this. All residents had their own bedrooms which had been personalised to suit their preferences.

The premises was located on campus grounds with a garden centre, also on the grounds. The centre continued to meet the criteria of a congregated setting while 11 residents lived in the centre. The CEO of St. Aidan's Day Care Centre Company Limited by Guarantee had a short, medium and long term de-congregation plan in place to address this.

The inspectors observed meal times in the centre, with some residents having breakfast and lunch during the inspection day. Meal times appeared to be a pleasant experience and food appeared fresh and appetising. Inspectors observed one resident requesting a slice of toast in the morning and a staff member immediately obliging them. One resident was verbalising loudly during a meal time and staff told an inspector that this was their way of communicating they wanted more. The

inspector observed staff supporting this resident by helping them with their meal. However this behaviour was heard by residents in the other adjoining house and was therefore found to be impacting on a number of residents. One resident rolled their eyes when asked if the noise bothered them.

The premises had an outdoor seating area where one resident was observed sitting out and feeding their cat on the morning of the inspection. Inspectors spoke with this residents and they appeared happy and comfortable sitting out in their garden with their pet.

Residents communicated that they enjoyed living in the centre and liked the staff that worked with them. When asked, one resident told the inspector that recent changes to the premises were 'absolutely marvellous'. Despite COVID -19 restrictions, residents continued to enjoy some personalised activation schedules. Some residents continued to attend day services. Some resident were heading out for walks, drives, lunch and coffee on the day of inspection.

The person in charge was newly appointed to the position. This individual had previously worked in another of the providers centres and was well known to staff and residents. The staff team consisted of nursing staff, support workers and social care staff. Inspectors noted respectful and meaningful interactions between staff and residents.

There were a range of oversight mechanisms in place to monitor the quality and safety of care in the centre. A member of senior management was regularly attending the centre, speaking with residents and staff, and completing audits and checks on the quality of care and support.

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

Capacity and capability

The inspector found that the registered provider, St. Aidan's Day Care Centre, Company Limited by Guarantee, had the capacity and capability to adequately resource the centre and provide a safe residential service to the residents living in Woodlands/Crossroads. Marked changes and improvements were noted since the centres previous inspection and the provider had demonstrated understanding of the regulatory process and the capability to address areas of non compliance in the designated centre. The provider had also reduced overall numbers in the centre by 1 since the previous inspection in line with the organisational de-congregation plans

The purpose of the inspection was to inform a decision regarding renewal of registration for the designated centre. The provider had made appropriate applications and provided assurances regarding further changes that would be

taking place in the centre to improve the service delivered to the residents. The CEO demonstrated strong leadership, governance and management in this service, such that the assurances made to the Chief Inspector had either been implemented or were in the process of being implemented.

There was a clear management structure in place and a regular management presence in the designated centre with a full time person in charge and two team leaders. There was evidence of regular auditing and review of the service provided with an annual review, six monthly unannounced inspections and regular thematic audits and checks taking place. Two new team leaders had been identified since the centres previous inspection in both Woodlands and Crossroads, one of these was a social care worker and one was nursing staff.

Mandatory training was provided to staff to meet the residents needs and training needs were regularly reviewed by the person in charge and human resources (HR) staff.

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. Residents were supported by a team of nurses, social care workers and support workers who reported to the person in charge. At times, residents were supported by nursing staff from another of the providers designated centre for the management of specific healthcare needs. There was a staff rota in place that accurately reflected staff on duty. There were contingency plans in place to ensure that staff leave was covered during times of holidays or illness.

Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre. A fitness assessment was completed on the day of inspection by the case holding inspector and this person was found to have the skills and experience necessary to meet the requirements of regulation 14 and to effectively manage the designated centre.

This person shared their role with one other designated centre and it was found that systems were in place to ensure that the person in charge had regular oversight of both centres.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre at all times. A staff rota was maintained and this reflected staff on duty during the day and night. Staff spoken

with, appeared familiar with the residents individual needs and preferences.

The person in charge had ensured that the provider had obtained all human resource related documents required by Schedule 2 of the Regulations.

The provider had a contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training was provided in areas including safeguarding, fire safety, manual handling, behaviour management and infection prevention and control. Following a review of staff training records, it was observed that all staff had received up-to-date mandatory training. Staff spoken with appeared knowledgeable regarding the residents needs and the training they had received. Training needs were regularly reviewed by the person in charge and human resources (HR) staff

The new person in charge was regularly present in the designated centre and had a schedule in place for regular one to one formal supervision of all staff in line with the organisational policy.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appropriately and efficiently addressed issues identified on the centres previous inspection in November 2020. The provider had successfully reduced numbers in the centre and had a clear achievable plan in place to reduce overall numbers further.

A new person in charge was in place since the centres previous inspection and this person was found to have the skills and experience necessary to manage the designated centre. The person in charge was also supported by two team leaders, with one in Woodlands and one in Crossroads. These were newly identified roles in the centre.

There was evidence that the service provided was regularly audited and reviewed. An annual review of the care and support provided had been completed for 2020 and a six month unannounced inspection was also completed on behalf of the registered provider. Audits were appropriately identifying areas in need of improvements and plans were then implemented to address these areas with clear

time lines and persons responsible.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints communicated with the inspectors on the day of inspection. The complaints procedure was accessible to residents and regularly discussed with them by staff.

Residents and their family members were issued with feedback questionnaires annually and these communicated satisfaction with the service provided. Residents were also consulted regarding their views during audits completed by management regarding the quality and safety of care provided.

Judgment: Compliant

Quality and safety

The registered provider had ensured that care and support was delivered to residents in a safe manner and that the quality of the service provided was closely monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. Overall it was found that the centre had the resources to meet residents' needs.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risks were investigated in line with organisational and national requirements. There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care. While residents were safeguarded, safeguarding measures in place sometimes meant that some residents could not be in the same room at the same time and this continued to impact residents choice and control in their daily lives. Some residents presented with behaviours which meant they verbalised very loudly. This could be heard through both houses and in the centres garden.

Infection prevention and control had been a priority in the centre over the past year due to COVID-19. There were arrangements in place to control the risk of infection in the centre. The centre was found to be visibly clean on the day of inspection. There were hand washing and sanitising facilities available for use. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available. Staff and residents had been supported to avail of a

vaccination programme.

The registered provider had ensured that there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were individualised fire evacuation plans in place for all residents

Regulation 11: Visits

A room had been identified since the previous inspection, as a space for residents to facilitate visitation. One resident showed the inspector this room and happily identified that this was a space where they would receive visitors when COVID-19 restrictions allowed this.

Judgment: Compliant

Regulation 17: Premises

The centre had been personalised to suit the residents needs and preferences. Marked improvements were noted in the premises since the centres most previous inspection, with premises works having been completed.

Some premises work and paintwork was still in progress around the centre on the day of inspection. The provider had self identified this and had a clear plan in place to address any outstanding work.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risks in the designated centre. Measures and plans were identified for in the event of adverse incidents in the centre. Residents all had individualised risk management plans in place.

Thorough risk assessments were in place for a number of risk areas such as falls, epilepsy and fire evacuation. All accidents and incidents were reported, reviewed and there was evidence of follow up in each case. Risk management policies, procedures and processes were in place and reflected in practice. Risk was found to

be well managed in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean on arrival. The provider, staff and residents had implemented systems for the management of the COVID-19 pandemic including enhanced cleaning schedules and regular symptom checking. Hand washing facilities and alcohol gels were noted around the centre and all staff were observed wearing personal protective equipment in line with national guidance for residential care facilities. A COVID-19 vaccine program was being rolled out among staff and residents.

Staff had completed training in infection prevention and control and information folder was available to staff with up-to-date guidance regarding COVID-19. Individualised care plans had been devised for residents to support them with post COVID-19 symptoms.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate systems were in place for fire safety management. Inspectors noted fire equipment located around the centre which was regularly serviced by a fire specialist. Containment systems, emergency lighting, detection systems and clear exit routes were also observed.

Staff and residents were completing regular fire evacuation drills which simulated both day and night time conditions. These were completed in an efficient manner. Staff had completed educational key working sessions with residents regarding fire safety. All residents had personal emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place which were subject to regular review and auditing. These reflected residents most current needs.

There was a key working system in place and regular key working sessions were completed with residents. Residents had personalised goals in place and these were regularly reviewed and updated to support residents to achieve their preferred goals.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to manage their health. Nurse support was provided when required and residents had individualised plans in place to support them with specific healthcare needs. Plans had been implemented since the centres previous inspection to support residents with post COVID-19 symptoms and needs.

Further referrals were made to multi-disciplinary professionals when required and additional staff training was being provided to meet residents specific healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. There was a restrictive practice committee in place that approved and regularly reviewed the use of any restrictive practices in the centre. Positive behavioural support care plans were in place where required and residents had access to multi-disciplinary support for behaviour management.

A reduction in the use of some restrictive practices had been noted since the previous inspection and the use of any restrictive practices had been notified to the Chief inspector on a quarterly basis as required.

Judgment: Compliant

Regulation 8: Protection

Safeguarding risks were clearly identified and risks mitigated in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults.

Staff spoken with, were familiar with with the different types of abuse and who to

report to, should they identify a safeguarding concern and the organisational and national requirements for reporting and recording.

Residents spoken with told inspectors that they felt safe. However, many residents in this centre communicated non verbally. Residents compatibility was an issue in some parts of this centre due to the current and changing needs of some residents. This was kept under close review by the provider and will be referenced under resident's rights. Overall residents and their belongings and finances were found to be kept safe in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre appeared to operate in a manner that respected the residents' age, gender and disabilities. Residents were regularly consulted regarding their preferences and choices and consent was sought from residents for different aspects of the care and supports provided. Inspectors observed residents being offered choice at meal times and each resident's privacy and dignity was respected by staff.

Residents compatibility continued to be an issue at times. While residents were safeguarded, safeguarding measures sometimes meant that residents could not be in the same room at the same time and this continued to impact residents' choice and control in their daily lives. Some residents presented with behaviours which meant they verbalised very loudly. This could be heard through both houses and in the centre's garden and further impacted the residents' control of their environment at times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially 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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Woodlands/Crossroads OSV-0001858

Inspection ID: MON-0031861

Date of inspection: 09/04/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The painter has commenced the outstanding works in Woodlands, and the works will be completed by 04.06.21.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider continues to liaise with HSE to progress the suitability of the existing placement for one resident. There is now a plan in place with the HSE, of the steps required to work towards a suitable outcome for the resident. The provider will review the communication of the resident, to support the resident to communicate their needs.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	04/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/09/2021