



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:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 January 2022
Centre ID:	OSV-0003385
Fieldwork ID:	MON-0028106

About the designated centre

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

The Willows provides care and support for individuals with an intellectual disability, autism and individuals with a mental health diagnosis. 24-hour care is provided for six adults both male and female from 21 years of age. The centre is located in Co. Kildare and consists of two buildings. Residents have access to a number of vehicles to support them to access their local community. In the centre each resident has their own bedroom some of which are ensuite. There are a number of communal areas and access to kitchen and dining facilities. There are a number of enclosed rear gardens for recreational use. The aim of the centre is to provide a high quality standard of care in a safe, homely and comfortable environment for individuals with a range of disabilities. Support aims to be consistent with the mission, vision and values of the organisation and the centres' specific statement of purpose and function. Residents are supported by a person in charge/team leader, social care workers and assistant social care workers. Should additional staff be required, staffing numbers will be reviewed and amended in line with residents' dependencies. All residents undergo a full pre admission assessment, which includes an impact assessment of the new resident on existing residents. Residents are regularly reviewed and supported by a multidisciplinary team. Where the needs of the resident can no longer be met in the centre, this is identified by the person in charge, staff and multidisciplinary team, and the residents are supported to transition to alternative services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 January 2022	10:20hrs to 15:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that this was a well managed and well run centre. Residents told the inspector they were happy and felt safe living in the centre. The house and apartments were warm, clean and homely. Overall, residents were supported by a staff team who were familiar with their care and support needs.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. There were six residents living in the centre and the inspector had the opportunity to meet and briefly engage with each of them.

On arrival, one resident greeted the inspector and said they would like to talk about what it was like to live in the centre a bit later. Later in the day they showed the inspector around their home, including a tour of their garden which had had some work done since the last inspection. The fence panels had been painted and an artist had worked with residents to design some murals which represented their favourite sports teams and some of their favourite television characters or items. Following this another resident showed the inspector around the house, including showing them an aerial they had in the back garden to ensure they could use their favourite technology.

There were a number of gardens in the centre and residents had access to outdoor equipment, such as swings, and a trampoline. A number of improvements had been made to the gardens, the house and the apartments since the last inspection. The house and apartments appeared more comfortable and homely. There was new furniture, floor surfaces, soft furnishings and pictures on display. Residents were involved in picking colours for the walls, pictures and and soft furnishings for their home.

Later in the day, a resident showed the inspector around their apartment. Their art and personal photos were on display and their apartment was very cosy and homely. Their favourite personal items were on display and they had storage in their bedroom for their belongings. They were aware of who to go to if they had any concerns and were observed to discuss things they would like, and things they would like to do with staff and the person in charge while the inspector visited their apartment.

The inspector viewed a number of compliments in the centre both for residents' representatives and health and social care professionals. These included compliments towards care and support for residents and, compliments for the staff team. Three residents completed questionnaires in relation to care and support in the centre during the inspection. Two residents chose to sit down with the inspector

to go through the questions. Overall, they were very complimentary towards care and support in the centre with comments such as 'staff are nice', 'staff listen to me', 'staff are good company', 'its a good place to live, i feel happy', and 'staff have been very good during the pandemic'. Residents also included things they would such as, 'I would like more sensory lights', 'I want the fence painted', 'I want to spend time on my own with my visitors', and 'I would like to change the floor boards.'

A number of residents told the inspector who they would go to if they had any concerns, or complaints. One resident told they inspector that they had previously made complaints and were satisfied with the responses and actions which came about as a result. Information on safeguarding, the availability of advocacy services, and complaints was on display, as were picture rosters. Residents' meetings and key worker meetings were occurring regularly.

During the inspection residents were observed to appear comfortable and content in their home and throughout the day each resident had an opportunity to go out for a drive, walk, or to do some shopping, if they so wished. A number of residents told the inspector about how important keeping busy and doing things they enjoyed was to them. They described things they liked to do such as going for a walk, going for a drive, working with cars, playing football, watching TV, using technology, shopping, going to a hotel, and doing jobs around the house. Two residents said they didn't like cooking, but didn't mind cleaning up after meals.

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

Capacity and capability

Overall the findings of the inspection were that residents reported that were happy living in the centre, felt safe and were busy doing things they enjoyed. They were supported by a staff team who were familiar with their care and support needs.

The centre was well managed, and resourced in line with the statement of purpose. There were clearly defined management structures and systems to monitor the quality of care and support for residents including audits, an annual review of care and support by the provider, and six monthly reviews by the provider. There was evidence that the actions from these audits and reviews were bringing about positive outcomes for residents in relation to their care and support, and in relation to their home.

Staff who spoke with the inspector were knowledgeable in relation to residents' care and support needs, and their likes, dislikes and preferences. Kind and caring and respectful interactions were observed between residents and staff throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately. In line with increased cases of COVID-19 in the community,

the provider had reviewed staffing numbers in the centre and identified the minimum safe staff levels in the centre. From a review of a sample of staff rotas, there were sufficient staff to support residents in line with their assessed needs.

The provider had admissions policies and procedures, and these were outlined in the centre's statement of purpose. A number of residents' contracts of care reviewed during the inspection were missing information, or had conflicting information in them. In addition, one residents contract of care was not available for review. The inspector acknowledges that one resident was provided with, and signed a new contract of care during the inspection, and that the provider contacted the inspector and provided assurances after the inspection, that a folder was found after the inspection with an up-to-date contracts of care for each resident.

Regulation 15: Staffing

There were enough staff with the right skills and experience to meet the assessed needs of residents. In line with the high levels of cases of COVID-19 in the community at the time of the inspection, the provider had made a decision to decrease footfall in the centre, had identified the minimum safe staff levels, and was implementing this as necessary. At the time of the inspection, staffing levels were above this minimum safe staff level.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was in place, available for review, kept under review, and contained the required information.

Judgment: Compliant

Regulation 22: Insurance

There was a certificate of insurance available to demonstrate that the centre was insured against accidents and injury to residents, and other risks such as loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the centre. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and audits in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policies and procedures in place for admissions, transitions and discharges, which were also outlined in the centre's statement of purpose. During the inspection, a number of contracts of care were not found to contain the required information, or to contain conflicting information. In addition, one residents contract was not available. One residents' contract was reprinted and signed by them during the inspection, and that the provider followed up after the inspection to give assurances that residents' up-to-date contracts of care were located, and contained the required information.

Judgment: Compliant

Quality and safety

The inspector found that residents were in receipt of a good quality, person-centred and safe service. The provider was identifying and responding to areas that required improvement. The house and apartments were warm, clean and comfortable. Residents were supported to make choices in their day-to-day lives, including how and where they spent their time.

The house and apartments were well maintained. Residents had access to private and communal spaces in the centre and they had plenty of storage for their personal items. Improvements had been made in the centre in relation to the garden spaces and residents living spaces since the last inspection which had resulted in the house and apartments appearing more homely and comfortable.

Residents were protected by the policies, procedures and practices relating to

infection prevention and control. There were also policies, procedures and contingency plans for use during the COVID-19 pandemic. The premises was clean and there were systems in place to ensure that each area of the house and the apartments were cleaned regularly. There was personal protective equipment (PPE) available and systems in place to order more as required. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to infection prevention and control and COVID-19.

There was a risk register and general and individual risk assessments were developed and reviewed as required. There were emergency plans in place and incidents were reviewed regularly, and learning shared with the team at handover and team meetings. There was a range of fire precautions in the centre and fire equipment was well maintained and regularly serviced. Residents personal emergency evacuation plans were detailed in relation to any supports they may need and fire drills were held regularly in the centre.

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and support plans were developed and reviewed as required. They were accessing health and social care professional in line with their assessed needs. Support plans were clearly guiding staff to support residents and to ensure that the recommendations of health and social care professional were being implemented.

There were a high volume of restrictive practices in the centre but these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. For example, there had been a reduction in restrictions since the last inspection and there were restrictive practice reduction plans in place for some restrictions. Residents had support plans in line with their assessed needs and these detailed proactive and reactive strategies to support them. Their support plans were reviewed regularly by the relevant health and social care professional.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisation's and national policy.

Regulation 17: Premises

The premises was designed and laid out to meet residents' needs. The house and apartments were found to be clean, warm and homely. Residents had access to private and communal spaces and outdoor spaces, and plans were in place to further improve one residents access to outdoor space by extending their garden.

Residents' bedrooms were decorated and furnished in line with their wishes and preferences, and they had access to plenty of storage for their personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register and general risk assessments which were being regularly reviewed. Each resident had an individual risk management plan which was reviewed in line with their changing needs.

The risk management policy contained the required information and reasonable measures were in place to prevent accidents. There were systems in place to respond to emergencies. Incident review and trending was completed regularly and learning from these reviews were shared with the staff team.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to COVID-19. Staff had completed a number of additional infection prevention and control related trainings.

There were cleaning schedules in place to ensure that each area of the house and apartments were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced as required. There were adequate means of escape, including emergency lighting. The evacuation plan was on display and each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an

emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan which outlined their likes, dislikes, wishes, preferences and support needs. Their assessments and personal plans were being reviewed and updated regularly.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and were being supported by health and social care professionals in line with these assessed needs. They had hospital passports and a log was maintained of all consultations with health and social care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice in relation to positive behaviour support and restrictive practices. Staff had completed training to support residents in line with their assessed needs.

There was a restrictive practice register in place and restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration. There was evidence of a reduction in restraints since the last inspection and there were restraint reduction plans in place to further reduce some restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities should they have a suspicion of, witness, or become aware of an allegation of abuse.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant