



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

## Issued by the Chief Inspector

Name of designated centre:	Woodbine Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	12 August 2021
Centre ID:	OSV-0005340
Fieldwork ID:	MON-0033351

## About the designated centre

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

Woodbine Lodge provides full-time residential support for up to five male and female adults with an intellectual disability. It is located in a rural setting close to Cork City. Woodbine Lodge is a two-storey dormer bungalow. The ground floor comprises of one bedroom, two living-rooms, a communal kitchen, utility room and garage. The ground floor is wheelchair accessible. There are three bedrooms, two with en-suite facilities, a bathroom and a staff office on the second floor. A self-contained apartment with one bedroom is also provided. Woodbine Lodge has large landscaped gardens to the front and rear. Residents are supported by a team of social care workers and assistant care workers. All residents attend day services off-site within the environs of Cork City.

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

Number of residents on the date of inspection:	3
--	---

## 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 - 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
Thursday 12 August 2021	09:30hrs to 18:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality life. Residents liked their home, and were happy with the supports that they received there.

On the day of the inspection, the inspector met with the three residents that lived in the designated centre. On arrival, the inspector met one resident who was having their breakfast in the kitchen area, with supports provided by staff members. One resident was relaxing in the sitting room watching television, while another resident was upstairs getting ready for the day ahead. There were two vacancies in the centre, and it had not yet been decided who might live there with the residents in the future.

The inspector was provided with three questionnaires that had been completed by residents about the quality of care and support that they received in their home. In the questionnaires, residents stated that the staff are 'great', 'friendly' and that they are 'nice' to them. Residents noted that they plan their own activities, and that if they change their mind that this choice is respected. Examples of activities residents participated in included fishing, aerobics, gardening and playing cards. It was evident from reviewing the questionnaires that residents were very happy where they lived, and with the staff that supported them.

The premises of the designated centre was a two-storey home on the outskirts of a large suburb of Cork City. It was clean, warm and suitably decorated. Each resident had a private bedroom, and there was plenty of bathrooms for residents to use. The location of the centre was quiet and serene, however it was only a short drive to a variety of local amenities. These included shops, bars, Cafés and restaurants. In one resident's questionnaire, they stated that they liked that the centre was peaceful, but close to the town for shopping and coffee. Another resident stated that they liked the area, and that there were some good coffee shops and nice places for walks nearby.

The inspector spoke with residents at intervals throughout the day. One resident told the inspector that they planned to go for a coffee and a drive, and that they would like to get a cappuccino. The resident appeared relaxed as they spoke with the inspector and the staff, giving them a thumbs up as they chatted. When the resident returned from their drive, they told the inspector that the coffee was lovely.

One resident remembered the inspector from a previous inspection that they had completed in the designated centre. The resident told the inspector that they were well, and that they were still winning against all of the staff members at table tennis. The resident was observed laughing and smiling as they told the inspector this. Staff members agreed that the resident was unbeatable at the game, telling the inspector that they had recently won a trophy playing table tennis. There was a large table tennis table in the sitting room area that the resident could use.

Throughout the inspection, the inspector could hear the resident and staff members laughing as they played table tennis. The inspector watched one of these games and it was evident that this became very competitive, and that everyone enjoyed the game.

The inspector met with another resident as they were coming downstairs. The resident greeted the inspector, and chatted to them briefly. This resident was busy getting ready to head out with another resident and the staff. When the two residents were leaving the centre, they gave the inspector a thumbs up.

One resident had recently been admitted to the centre. This resident showed the inspector their bedroom. It had been painted in bright colours of the resident's choosing. There were photographs of family members and friends on the walls of the resident's bedroom, and they chatted about them with the inspector. There was a smart television that the resident used to stream movies and television series. The resident told the inspector that they were planning on upgrading their single bed to a double, with support from their occupational therapist.

The resident had transferred to the centre from their home county which was quite a distance from the designated centre. As the inspector noted this, staff members told the inspector that the resident had been offered the opportunity to move to this centre as they were not happy in their previous placement. It was evident that the resident had agreed to move here, and that they appeared happy in their new home. It was planned that the resident would live here until a suitable placement closer to their home county could be found. This was linked to the resident's long term goals in their personal plan. Family members had travelled to visit them in their new home, and it was noted that one family member lived close by.

To support the resident's admission, a number of adaptations had been made to the premises. This included the installation of ramps, and improvements to the garden area to make it more accessible. An accessible vehicle had also been provided, to ensure that the resident could safely access the community. There was evidence that the resident had been supported to make a complaint regarding the width of door frames in their home. In their questionnaire, the resident stated that they were happy to be kept up to date about the complaint. This issue had been rectified quickly, to ensure the resident could access their home safely.

It was evident that the resident enjoyed joking with staff members, as they chatted about life in their new home. The resident spoke about their interests which included rugby, cars and water sports. They had recently joined a kayaking club, and visited a beach after not visiting one for 12 years. Staff members organised a beach wheelchair for the trip, and there were photographs of the resident in the sea. The resident had also started work on a presentation to raise awareness to young people about an area of personal experience. A new laptop had been purchased to support the resident to meet this goal.

Staff members spoke about the positive impacts that the recent reduction in COVID-19 restrictions had on the residents living in the centre. This included residents being able to see their family and friends, with one resident recently going on a

short holiday in Ireland with a family member. There were two vehicles available in the designated centre for residents to use. This ensured that residents could access their local community as they wished.

It was evident that residents were supported to access the community in line with their wishes, and engage in activities that they had an interest in. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements were in place to ensure the service continued to provide a good quality service to residents.

A clear governance and management structure was in place, which outlined the lines of authority and accountability in the centre. This included the person in charge, who held the necessary skills and qualifications to fulfil the role. There was also evidence that staff team meetings were held on a regular basis.

It was evident that oversight of the designated centre was maintained through the completion of the designated centre's annual review and unannounced six monthly visits to the designated centre. These reviews included a review of incidents and safeguarding concerns in the designated centre. Where areas of improvement were required, these were supported by an action plan.

One resident had recently been admitted to the designated centre. The inspector reviewed the admission practices and procedures to ensure that the resident's admission had been completed on the basis of transparent criteria, in line with the designated centre's statement of purpose. The designated centre's statement of purpose stated that an assessment would be completed to identify the potential impact of the proposed admission on the residents that already lived in the centre. It was not clearly evident that such an assessment had been completed. However, evidence submitted after the inspection noted that this had been discussed during one of the admission, discharge and transition team's meetings.

This inspection of the designated centre had been carried out as the centre was due for renewal of registration. The registered provider had ensured that a number of documents had been submitted to the Health Information and Quality Authority (HIQA) to support the application to renew the registration of the designated centre. These documents had been submitted to HIQA in the correct format, in a timely manner. Some minor amendments were required to the designated centre's statement of purpose and resident's guide. This was completed the day before the

inspection, and sent to HIQA to support the application to renew registration.

An application to vary had also been submitted by the registered provider. This meant that the provider had requested that they make a change to one of their conditions of registration, in this case the proposed change was to the layout of the centre. The designated centre's garage had been converted into a self-contained apartment, with a kitchen and dining area. Although there was no specific resident yet identified to live there, staff members told the inspector this had been built to meet the future needs of the organisation. The information to support this application had been submitted in a timely manner.

As part of the inspection planning process, the registered provider had submitted a copy of the designated centre's most recent annual review to the Health Information and Quality Authority (HIQA), in advance of the inspection. This document had been submitted with personal identifying information about residents, including residents' initials. This was deleted by HIQA, and the registered provider was informed of this.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application to renew the registration of the designated centre had been submitted to HIQA in a timely manner.

Judgment: Compliant

#### Registration Regulation 8 (1)

The registered provider had ensured that a full application to vary a condition of registration of the designated centre had been submitted to HIQA in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held the necessary skills and qualifications to fulfil the role.

Judgment: Compliant



## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

## Regulation 23: Governance and management

There was evidence of effective oversight and monitoring in the designated centre. Management systems in place ensured that the service provided to residents was safe.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the admission practices and procedures to ensure that one resident's admission had been completed on the basis of transparent criteria, in line with the designated centre's statement of purpose.

Judgment: Compliant

## Regulation 3: Statement of purpose

A statement of purpose was available to residents living in the designated centre. This document contained the information required in Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

Residents were supported to make complaints. An effective complaints procedure was available to residents in an accessible format. This procedure included details about the appeals process.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Staff members provided support to residents in line with their assessed needs, and put plans in place to promote residents' independence and choice.

On review of residents' personal files, it was noted that each resident had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Goals had been identified for each resident, and it was evident that goals were being realised, and that residents were supported to achieve their goals.

The inspector reviewed the measures put in place by the registered provider, following residents' moneys and belongings going missing in the centre. At the time that this occurred, residents were reimbursed by the organisation, and an investigation was carried out. A financial audit was also completed by the organisation's financial department. Weekly money checks were increased to daily, and all residents' belongings were accounted for in their inventory of belongings. It was evident that in response to this incident, increased oversight measures were put in place to ensure residents' personal finances and belongings were appropriately managed.

When incidents of a safeguarding nature occurred, these were reported to the relevant statutory body. If required, these were also investigated by the organisation's human resources department. There was evidence of oversight and regular review of safeguarding plans, and the actions taken to ensure residents were safe.

Residents' medicines were stored in a locked press in the designated centre's office. Each resident had a medicines prescription record, which clearly stated the dose, time and route of administration and any allergies that the resident may have. When PRN medicines (medicines taken only when required) were prescribed, the maximum dose in 24 hours was clearly documented. Medicines management was overseen by each resident's general practitioner (G.P) and a nurse who worked in the organisation.

## Regulation 12: Personal possessions

Residents were supported to manage their finances. It was evident that in response to an incident, increased oversight measures were put in place to ensure residents'

personal finances and belongings were appropriately managed.
Judgment: Compliant
<b>Regulation 13: General welfare and development</b>
Residents were supported to access facilities for recreation, and opportunities to engage in activities in line with their wishes.
Judgment: Compliant
<b>Regulation 17: Premises</b>
The premises of the designated centre was homely in nature. The registered provider had made provisions for the matters set out in Schedule 6 of the regulations.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider had ensured that measures were put in place to ensure that residents were protected from healthcare associated infections, including COVID-19. Staff members wore face masks at all times, and there was evidence of regular temperature checks being taken. There was a good stock of personal protective equipment (PPE) in the centre.
Judgment: Compliant

## Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The designated centre had appropriate practices relating to the storage, prescribing and administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been completed on an annual basis. Goals that were meaningful had been developed with the participation of each resident.

Judgment: Compliant

## Regulation 8: Protection

Measures had been put in place to ensure that residents were protected from abuse.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had submitted a copy of the designated centre's most recent annual review to the Health Information and Quality Authority (HIQA), in advance of the inspection. This document had been submitted with personal identifying information about residents, including residents' initials. This was deleted by HIQA,

and the registered provider was informed of this.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	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
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Woodbine Lodge OSV-0005340

Inspection ID: MON-0033351

Date of inspection: 12/08/2021

## 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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"><li data-bbox="170 913 1445 1061">1. PIC to ensure that each Service Users privacy and dignity is respected and that any documentation with personal identifying information about Service Users, including Service Users initials is redacted, when submitting to the Health Information and Quality Authority (HIQA).</li><li data-bbox="170 1106 1445 1178">2. Redacted report submitted to the Health Information and Quality Authority (HIQA) prior to the inspection.</li></ol>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	15/09/2021