



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

Name of designated centre:	The Willows
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 January 2019
Centre ID:	OSV-0003385
Fieldwork ID:	MON-0023769

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 autism, individuals with a mental health diagnosis or individuals who exhibit behaviours that challenge. The Willows provides 24-hour care for four adults both male and female from 21 years of age. 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. This care and 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:	4
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How we inspect

To prepare for this inspection the inspector or 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
08 January 2019	09:00hrs to 16:30hrs	Marie Byrne	Lead
08 January 2019	09:00hrs to 16:30hrs	Sarah Mockler	Support

Views of people who use the service

The inspectors had the opportunity to meet and spend some time with three of the four residents living in the centre during the inspection. A number of residents spoke to the inspectors about their likes and dislikes and how they were supported to reach their goals. Residents described how they actively participated in their local community.

Residents also described what it was like to live in the centre and how they were supported by staff to spend their time engaging in activities of their choosing. They described how important it was to them to make decisions about their day-to-day lives and how this was facilitated within their home. Each of the residents who spoke with the inspectors stated that they were happy and felt safe in their home.

Annually, residents and their representatives are afforded the opportunity to give feedback on the quality and safety of care in the centre. There were policies and procedures in place for residents to raise their concerns including the complaints procedure. In addition, during keyworker sessions residents had opportunities to discuss all aspects of care and support in the centre.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits including the annual review and six monthly visits by the provider. These reviews were identifying areas for improvement and there were actions identified in these reviews and clear dates for completion of these actions. There was evidence that improvements as a result of these reviews were positively impacting the quality of care and support for residents.

There were clear management systems and structures in place. The staff team reported to the person in charge who in turn reported to the director of operations. The person in charge and director of operations were meeting regularly. The person in charge was completing weekly reports which reviewed areas such as incidents, the use of restrictive practices, medication errors and other aspects of care and support in the centre. The director of operations was then completing a report to the board of directors weekly. Feedback from these reports was reviewed and then actions developed as necessary which outline the person responsible for these actions.

Staff meetings were held regularly and agenda items were resident focused. A suite of audits were being completed regularly including medication audits, vehicle maintenance, hygiene audits, personal plan audits, restrictive practice audits, admissions, use of information, service user finances and health and safety

audits. There was evidence that the completion of actions following these reviews which were bringing about positive changes in relation to residents' care and support.

Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing. Staff members who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. All residents who spoke with the inspector, spoke fondly of the staff team.

Planned and actual rosters were available and well maintained. There were sufficient numbers of staff available to support residents in line with their assessed needs. The inspectors reviewed a number of staff files and they contained all the information required by schedule 2 of the regulations.

Staff had completed mandatory training and refreshers in line with the organisations' policy and procedures and had also completed additional training in line with residents' needs. Staff were in receipt of regular formal supervision in line with the timeframe identified in the organisation's policy. However, on reviewing a number of supervision records in the centre they were not detailed or fully completed. It was not clear how the provider was supporting staff to develop their skills and take responsibility for the quality and safety of care they were providing.

Regulation 15: Staffing

Information and documents specified in Schedule 2 of the regulations were available. There were enough staff with the right skills, qualifications and experience to meet residents' assessed needs. Planned and actual rosters were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. Staff were in receipt of regular formal supervision. However, supervision records in the centre were not detailed or fully completed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of

authority and accountability. A suite of audits were being completed regularly and there was evidence that the actions completed following these reviews were positively impacting on residents lives and their home. There was an annual review and six monthly reviews by the provider in line with the requirement of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the provider and person in charge were monitoring and reviewing the quality of the service provided for residents to ensure it was of a good quality and that people were safe. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. They had opportunities to make their own choices and decisions and were involved in the day-to-day running of their home. Residents who spoke with the inspector stated that they liked their home and felt safe. The provider was in the process of implementing new assessments of need and reviewing personal plans at the time of this inspection. Recent improvements had been made in the centre since the last inspection such as additional seating in the garden area, new floors in a number of areas, the refurbishment of a bathroom and the addition of additional lighting and other improvements in the garden area.

The premises was warm, comfortable, homely and decorated in line with residents' wishes. Each resident had their own bedroom and access to their own bathroom. The inspectors found that the provider had identified areas in the centre which required maintenance and refurbishment and had plans in place to complete the required works. These works included refurbishment of a number of ensuite bathrooms and the replacement of damaged flooring in one room. There was one room in the centre which was not currently meeting residents' needs. The provider had self-identified this and had plans in place to change the layout and purpose of the room.

It was evident that residents were supported when necessary to make decisions about their lives and that they were listened to with care and respect by staff. The inspectors found that residents' privacy and dignity was respected throughout the centre. Service user forums were held weekly where residents had the opportunity to identify anything they needed for the coming week or to discuss any issues should they arise. Meal planning for the week was discussed at this meeting also. Residents were being supported to engage in skills development in line with their wishes and were involved in assisting with the upkeep of their home.

Residents were protected by appropriate risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly in line with incidents and residents' changing needs. Incident

review and tracking was evident, as was learning following incidents. There were systems in place to ensure the vehicles in the centre were maintained and serviced as required.

The health and development of each resident was promoted. Residents' healthcare needs were appropriately assessed. They had a healthcare assessment in place and an action plan developed as necessary. Protocols were developed with the relevant multidisciplinary team input. Each resident had access to appropriate allied health professionals in line with their assessed needs.

The inspector found that the provider and person in charge were proactively protecting residents from abuse. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. Incidents, allegations or suspicions of abuse were recorded and appropriately followed up on in line with the organisation's and national policy. In response to a number of safeguarding concerns in the centre the provider had been responsive and reported all allegations in line with national policy and to the Office of the Chief Inspector in line with the requirements of the regulations. They had put appropriate measures in place to keep residents safe.

Residents were protected by appropriate policies and practices in relation to the ordering, receipt, storage and disposal of medicines. Staff had completed safe administration of medication training and practical administration prior to administering medications. Each resident had a medication management plan in place. Medication audits were completed regularly and medication incidents were recorded, investigated. This was also a standing agenda item for staff meetings.

There were appropriate supports in place for the residents with behaviours that challenge or residents who were at risk from their own behaviour. Residents had access to the support of relevant allied health professionals to help them to manage their behaviour. Where restrictive procedures were used, such procedures were applied in accordance with national policy and evidence based practice. There was evidence that where a resident's behaviour necessitated intervention, every effort was made to identify and alleviate the cause of the resident's behaviour. Alternative measures were considered before a restrictive procedure was used and the least restrictive procedure, for the shortest duration, was used. There was evidence that restrictive practices were regularly reviewed. Residents' multi-element behaviour support plans clearly guided staff practice to support them. There was evidence that they were reviewed and updated regularly in line with residents' changing needs.

Regulation 17: Premises

Overall, the premises was designed and laid out to meet residents' needs. However, there was one room which was currently not designed or laid out to meet residents' needs. The inspectors acknowledge that the provider had plans in place to complete

these required works, but they needed to progress in a timely manner.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices. General and individual risk assessments and a local risk register were in place and reviewed regularly in line with residents' changing needs and learning following incidents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, prescribing, storage and disposal of medicines. Audits were completed regularly and incidents were documented and followed up on in line with the organisation's policy.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals to help them to manage their behaviour. Where restrictive procedures were used, such procedures were applied in accordance with national policy and evidence based practice. There was evidence of regular review of residents' multi-element behaviour support plans and the use of restrictive practices in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding policies, procedures and practices in the centre. 100% of staff had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was respected throughout the centre. The centre was managed in a way that maximised their capacity to exercise personal independence and choice in their daily lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0003385

Inspection ID: MON-0023769

Date of inspection: 08/01/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC will review the supervision process and ensure that moving forward that this is in compliance with Regulation.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A full review of this aspect of the premises will be conducted and a maintenance plan will be devised to make changes to these.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	28/02/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/03/2019