



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

Name of designated centre:	Woodbine Lodge
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	15 August 2018
Centre ID:	OSV-0005340
Fieldwork ID:	MON-0024378

## 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 to four 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 four bedrooms, two with en-suite facilities, a bathroom and a staff office on the second floor. Woodbine Lodge has large landscaped gardens to the front and rear. Residents are supported by a team of social care workers, support workers and a registered general nurse. All residents attend day services off-site within the environs of Cork City.

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

Current registration end date:	05/01/2019
Number of residents on the date of inspection:	4

## 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
15 August 2018	09:00hrs to 16:15hrs	Michael O'Sullivan	Lead

## Views of people who use the service

The inspection team met with four residents and one family member on the day of inspection. Questionnaires from three residents and one family member were provided to the inspectors. One family member met with one inspector. Both residents and the family member indicated that they were very happy with the designated centre, staff and services. Residents said that they felt happy, were comfortable and that the staff were lovely. Residents also articulated that the centre was the nicest they had lived in. Residents stated that they enjoyed being able to have friends visit and to maintain relationships in the community. One resident appreciated that they had privacy in their bedroom and that they had chosen its decoration and furnishings. One resident was very proud of winning a gold medal in a special Olympic event. During the inspection, the inspectors observed respectful and friendly interaction between residents and staff.

## Capacity and capability

The provider had made improvements to the centre since the last inspection in 2016. There was evidence that effective management arrangements and governance were in place, ensuring a good quality of care and support to residents.

There was a clearly defined management structure in place. A governance matrix was in operation demonstrating oversight of incidents, notifications and restrictive practices. There was evidence of a comprehensive schedule of documented audits undertaken in the designated centre. An annual review was conducted facilitating the input of residents and their family members.

The person in charge was employed in a full-time position divided equally between Woodbine Lodge and another designated centre. A deputy social care leader and social care / support workers were employed by day providing a one to one staff / resident ratio where continuity of care was evident. A registered general nurse was employed on a Monday to Friday basis. There was significant clinical input to address general and specific healthcare needs of residents, all of which were well documented. Two staff were employed at night time. The person in charge also supported the centre out of hours through an on call system.

All staff were in receipt of mandatory training. Staff who required updated training were already booked on refresher courses. There was evidence of good governance and structures in place to support residents to achieve agreed goals and outcomes. The person in charge received direct support and supervision from the director of services. In turn, the person in charge provided direct supervision to the deputy social care leaders and social care / support workers. Information and documents in

respect of staff currently and previously employed at the designated centre were separately examined in the providers headquarters on 07/09/2018.

The statement of purpose reflected the services and facilities provided at the designated centre. It was subject to regular review. Minor information details / amendments were requested by the inspection team to be provided as part of the application to renew registration process.

Notification of restrictive practices in place within the designated centre had been notified to the authority. However, not all restrictive practices had been notified as required.

#### Regulation 14: Persons in charge

A full-time person in charge was employed for the designated centre. The person in charge had appropriate professional qualifications and experience necessary to manage the centre. The person in charge had an active roll in the annual review and audit activity within the centre, the addressing of audit findings and their implementation.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had a number of suitably qualified and trained staff employed in the designated centre appropriate to the number and assessed needs of the residents, the statement of purpose and the layout of the designated centre. Information and documents in respect of staff currently and previously employed at the designated centre were separately examined in the providers headquarters and complied with schedule 2.

Judgment: Compliant

#### Regulation 16: Training and staff development

All staff within the designated centre had undergone an extensive induction and training programme. The person in charge ensured that staff had access to appropriate training and were appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre and the information pertaining to each resident was up to date. All information prescribed in Schedule 3 was recorded.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to effectively deliver care and support to residents in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose reflected the services and facilities provided at the designated centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notification of restrictive practices in place within the designated centre had been notified to the authority. However, not all restrictive practices had been notified as required.

Judgment: Substantially compliant

## Quality and safety

The premises was warm, clean, comfortable and well-decorated throughout. The centre and its gardens were well-maintained. The overall environment was welcoming, homely and promoted accessibility.

Since the last inspection, significant improvement had been made to the centre's safeguarding arrangements and additional systems were now in place to support residents with behaviour that challenges. A resident whose behaviour had caused concerns and impacted on other residents, had been transferred to a more appropriate service specific to their needs. Behavioural support plans were and listed current behaviours and precursors, which were subject to regular review. Plans provided staff with clear guidance on how to address behaviour that challenges. Some plans were also linked to (and informed by) residents' mental healthcare plans.

There was good oversight and review of restrictive practices and there was evidence that the person in charge was trying to reduce these practices and support residents' rights.

Risk management had improved significantly through the use of a risk register and the implementation of individual risk assessments for each resident. There was evident of positive risk taking where residents accessed the local community and also maintained personal relationships with friends and family members. However, current restrictive practices had not been risk assessed to ensure that all available measures were in place.

All staff had received intimate care training and self-awareness training with residents was done on a one to one basis.

Residents had access to advocacy services and there was evidence that advocacy services had been utilised. Some residents were registered to vote and there were plans in place to assist other residents to vote if they so wished. Residents' meetings were facilitated and recorded on a monthly basis by staff.

There were good management systems in place to manage residents' finances. These systems were subject to regular review by the person in charge and the staff team. Receipts were provided for all purchases. There was adequate storage within the centre for residents' personal items and possession. Residents could lock their own bedrooms and retain the key. Residents were supported to launder their own clothes through goal setting programmes.

Healthcare plans for each resident were of a very good standard. Each resident had access to a registered general nurse within the centre. Access and attendance with general practitioners, allied health professionals and multi-disciplinary team members were well recorded. There were clear medical histories and comprehensive care plans in place. Current information was taken from the plans, highlighting last appointments and any recommendations arising. These were implemented as described by the staff team.

Fire precautions were taken seriously by the provider, ensuring the safety of

residents. Staff training was up to date. Fire systems were checked and documented by staff. All equipment was subject to certification by a recognised contractor. Records of fire drills undertaken demonstrated that all residents could be evacuated in the event of a fire at periods of maximum and minimum staffing levels. Each resident had a personal emergency evacuation plan in place and instructions on how to respond to a fire alarm or evacuation were on display.

Residents had assessments in place in relation to self-medication. There was appropriate storage in place for medications. All record systems relating to medication were accurate.

There was a comprehensive residents' guide in place which outlined a summary of services and the terms and conditions to residents. Residents were involved in the running of the centre through a weekly services forum. Day service facilities and outreach programmes were as detailed in the guide. All complaints were logged with evidence of review, follow up and closure. The complaints procedure was in an easy-to-read format.

### Regulation 12: Personal possessions

There was adequate storage for all residents' personal items and possessions. There was evidence of good management systems in place to manage residents' finances. Residents were supported in laundering clothes through goal setting programmes.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well-maintained and decorated with residents' choices reflected. The centre was warm, clean and comfortable throughout. The gardens and external environment were maintained to a high standard. The centre layout promoted residents accessibility.

Judgment: Compliant

### Regulation 20: Information for residents

The centre had a residents guide in place in an easy to read format. Residents and families had completed and returned HIQA questionnaires. There was a complaints policy in easy-to-read format. All complaints were logged and subject to review and

close off.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was an individual risk assessment for each resident. There was evidence of positive risk taking allowing residents to access the community and maintain personal relationships; however, the provider had not risk assessed some restrictive practices which were in place.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There was evidence that the provider ensured the safety of residents through staff training, the provision of fire fighting equipment and detection systems, which were all serviced. Each resident had a personal emergency evacuation plan. The records reflected regular fire evacuation drills with maximum and minimum staffing levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

All medications in the centre were properly stored and recorded. Residents were assessed to self medicate. A review of medications on the day of inspection indicated that all medicines were administered as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need. All care plans were subject to monthly review and their effectiveness assessed. This information informed the annual review. There was evidence that a person centred approach was taken. Care planning reflected good multidisciplinary involvement.

Judgment: Compliant

### Regulation 6: Health care

There was evidence that residents had good access to general practitioner and allied health professional services. Each residents' plan of care had a detailed medical history and was very comprehensive. Recommendations were well documented and followed through.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was evidence of clear guidance and assessment in relation to each resident and behaviour that challenges. Plans reflected current behaviours and precursors. Regular reviews were undertaken, providing clear guidance on behaviours of concern. Some support plans were also linked to current mental health assessments and reviews.

Judgment: Compliant

### Regulation 8: Protection

Staff had up-to-date training in safeguarding and safeguarding measures. Staff had undergone intimate care training in line with the providers policy. Each resident had received self awareness training through one-to-one sessions with staff. Each resident had a named advocate. All incidents were documented and notified to the authority and to line management for preliminary screening.

Judgment: Compliant

### Regulation 9: Residents' rights

There was good evidence of the promotion of residents' rights. Monthly residents' meetings were facilitated and recorded. Residents had access to advocacy services which had been used to support residents in the past. Some residents were registered to vote and there was a plan in place to assist other residents to register.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

# Compliance Plan for Woodbine Lodge OSV-0005340

Inspection ID: MON-0024378

Date of inspection: 15/08/2018

## 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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:  The PIC will continue to review restrictive practices in the Centre and ensure all restrictive practices are notified to the Authority in line with regulation. 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  PIC will ensure all restrictive practices in the Centre are risk assessed and evidenced on file. 	

## 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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	28.09.18
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Substantially Compliant	Yellow	28.09.18

<p>Regulation 31(3)(a)</p>	<p>The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>30.10.18</p>
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