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## Wood View Residential Service, OSV-0001789, 01 August 2018

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

Name of designated centre:	Wood View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	01 August 2018
Centre ID:	OSV-0001789
Fieldwork ID:	MON-0021615

## About the designated centre

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

Wood View provides a residential service to four residents who have a mild to moderate intellectual disability. The service can also accommodate residents who have autism and who attend the services of a mental health team. The centre is located on the outskirts of a medium sized town where public transport links such as trains, buses and taxis are available. The residents also have transport available which is used to access their day service and local community. Each resident has their own bedroom and there is also sufficient kitchen and dining facilities in place. A social model of care is delivered in the centre and residents are supported at all times by a combination of social care workers and social care assistants. There is also a sleep in arrangement to support residents during night-time hours.

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

Current registration end date:	16/01/2019
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
01 August 2018	09:00hrs to 15:30hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector met with four residents on the morning of inspection. Residents appeared relaxed in their home and some residents were happy to show the inspector their bedrooms which were individually decorated with items of personal interest. Residents interacted with the inspector on their own terms and some of the residents indicated that they were satisfied with the service provided.

It appeared to the inspector that residents enjoyed a good quality of life and that their views and thoughts were sought on a daily basis in regards to all aspects of their care, residents also attended monthly meetings where general topics such as activities, meal choice and safety were discussed.

A number of questionnaires had been distributed to residents and their representatives prior to the inspection and all of the questionnaires which were returned indicated that all parties were very satisfied with the arrangements in the centre.

## Capacity and capability

The inspector found that a good quality service was provided in this centre and that residents were supported to be valued members of their local community.

The inspector found that the governance arrangements in this centre ensured that residents were safe and enjoyed a good quality of care and support. The provider had conducted an unannounced audit of the care provided in the centre which identified some minor areas for improvement. There was also a robust system of audits in place which gathered data on various elements of the care provided such as medications, adverse events and health and safety. Inspectors found that actions generated from all internal audits had been addressed by the person in charge in a prompt manner which resulted in continuous improvements in the quality of care provided to residents.

The annual review of the service was completed following a consultation process with residents' representatives and a quality improvement plan was developed to address any identified issues. However, this review process did not clearly provide for consultation with residents which may impact on their ability to be fully involved in the running of the service.

The provider had a suitable management structure in place which incorporated an appropriately qualified and experienced person in charge of the centre. The person

in charge was found to have a good understanding of the service which was provided to the residents and of their care needs.

The provider had robust recruitment practices in place which ensured that the safeguarding of residents was promoted in the designated centre. The provider had sought vetting disclosures, employment histories and appropriate references prior to any staff member supporting residents in the centre. The person in charge ensured that staff members were facilitated to raise concerns in regards to care practices in the centre by holding regular staff meetings.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them. Staff were up-to-date with all training needs in relation to safeguarding, fire safety and supporting residents with behaviours of concern. A schedule of refresher training was also available to all those employed in the centre to ensure that consistent standards of care was maintained in the centre.

#### Regulation 14: Persons in charge

The person in charge was in a full time role and was appropriately qualified and experienced to carry out the duties and functions of the person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained an accurate staff rota and all prescribed information as stated in Schedule 2 of the regulations was available for review. A staff member who met with the inspector also had a good understanding of the residents' care needs.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were up-to-date with training needs and scheduled support and supervision was occurring with staff members in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a management structure in place which promoted the quality and safety of care provided to residents. All internal audits and reviews had been completed as required and the findings of these audits were used to drive improvements to the care that was provided in the centre. However, the provider failed to demonstrate that residents were actively consulted in regards to the formulation of the annual review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had produced a statement of purpose which outlines the aims and objectives of the centre. This document was also reviewed on a regular basis.

Judgment: Compliant

### Regulation 30: Volunteers

There were two volunteers supporting a resident in the centre in regards to social activities. These volunteers assisted the resident on a weekly basis to become more involved in their local community. The person in charge ensured that both volunteers received regular supervision and that they had their roles and responsibilities set out in writing. The provider had ensured that the safety of residents in the centre was maintained by seeking a vetting disclosure prior to volunteers supporting residents in the centre and community.

Judgment: Compliant

### Regulation 34: Complaints procedure

The person in charge maintained a record of all complaints and residents were made aware of the complaints procedure through the use of user friendly information which was displayed throughout the centre. There was one active complaint in the centre on the day of inspection and the provider and person in charge were actively

seeking a resolution of this complaint.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of the service provided to residents was maintained to a good standard.

The centre appeared to be a pleasant place to live and the premises was clean and well-maintained. Each resident had their own bedroom which was individually decorated and communal areas were cosy and welcoming in nature.

There were appropriate medication storage facilities in place and a review of medication administration records indicated that all medications were administered as prescribed. Residents' independence was promoted through assessments which were conducted in the centre, with one resident deemed as suitable to manage their own medications with some minor assistance from staff. This medication practice had also been suitably risk assessed to ensure that medication standards were well maintained.

Fire precautions were taken seriously by the provider which ensured that the safety of residents was maintained to a good standard. There were suitable fire precautions in place throughout and these precautions were regularly reviewed by staff members and serviced by competent persons.

Residents' rights were supported in the centre and the person in charge ensured that residents exercised their legal rights to vote. Each resident had a rights checklist which was regularly reviewed to ensure that residents' rights were supported at all times. The voice of the resident was also supported through the use of advocacy which was also available in the centre.

Residents were supported to manage their financial affairs and robust internal audits were in place to ensure that any money which was spent on their behalf was appropriately recorded. Each resident's independence was promoted in regards to laundering their own clothes with additional indicators placed on appliances in the centre to assist residents with using these machines.

There were no safeguarding issues on inspection and the inspector observed that residents were relaxed and looking forward to attending their day service on the morning of inspection. A review of residents' meetings indicated that residents were supported to understand how to safeguard themselves from abuse and harm and additional information was on display to assist residents should they need it.

There was some guidance in place to support residents with behaviours of concern. The person in charge had a good understanding of this guidance and a review of

adverse events indicated that the frequency of occurrence of some behaviours had decreased as a result of the implementation of this guidance. However, although there had been a marked reduction in incidents in the centre, the inspector found that the recommended supervision requirements as listed on these guidance documents, were unable to be implemented at all times in the centre and required review.

### Regulation 12: Personal possessions

Each resident had ample storage for their personal belongings and residents were supported to manage their own finances.

Judgment: Compliant

### Regulation 17: Premises

The centre was warm and clean and appeared like a pleasant place to live. There was also adequate communal and personal living space.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to ample amounts of food and snacks. Some residents also had specific dietary needs and there was ample information in regards to their needs to ensure that staff were fully aware of the foods which should be available in the centre.

Judgment: Compliant

### Regulation 20: Information for residents

Information was in an easy read format throughout the designated centre and the provider produced a guide for residents in relation to the services which were available.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge maintained a record of all identified risks in the centre and a risk management plan was in place to address these issues. The person in charge also maintained a log of all adverse events which occurred in the centre which included the documented response from management of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable fire precautions in place and a review of fire drill records indicated that all residents could be safely evacuated from the designated centre in a prompt manner.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were appropriate medication practices in place and residents were suitable assessed in regards to managing their own medications.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was one restrictive practice in place which was regularly reviewed to ensure that the rights of the resident was promoted at all times. There was also guidance in place to support the delivery of care in regards to behaviours of concern. However, the inspector found that the recommended supervision requirements as listed on these guidance documents, were unable to be implemented at all times in the centre and required review.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were supported to understand the safeguarding procedures in the designated centre. Residents also appeared relaxed in the company of staff, who could also account for the procedures which were implemented to protect residents. All staff had also received safeguarding training.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of the residents was promoted in the designated centre and all residents were registered to vote. Advocacy was also made available to residents.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Wood View Residential Service OSV-0001789

Inspection ID: MON-0021615

Date of inspection: 01/08/2018

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The template for the Annual Review has been amended to include consultation with Residents in the development of the Annual Review Report. A survey has been designed for residents which will offer them the opportunities to comment on their experiences of living in the service and offer them opportunities to engage in the future planning for the service. This information will be gained through monthly house meetings within the service as well as individual consultation with residents.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC along with the Behavioural Support Specialist will review the Behavioural guidance plan to ensure that the guidance plan can be implemented at all times.</p>	

## 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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	16.08.2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30.08.2018