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The Willows, OSV-0005792, 01 April 2019

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Office of the Chief Inspector

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

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| Name of designated centre: | The Willows |
| Name of provider: | Autism Initiatives Ireland Company Limited by Guarantee |
| Address of centre: | Wexford |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 01 April 2019 |
| Centre ID: | OSV-0005792 |
| Fieldwork ID: | MON-0026628 |

About the designated centre

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

This centre is in a rural location near to a small village, with access to a larger town via the centre's transport. The Willows comprises of a three bedroom bungalow and a separate one bedroom apartment on the same site. Both the bungalow and the apartment have their own private garden spaces with ample parking on site. This is a respite service for a maximum of four residents at any one time. All individuals who will avail of respite in The Willows have an Autism Spectrum Condition diagnosis. Respite stays are provided from between one to five nights. Staff provide support in the centre and actively encourage and promote social inclusion.

The following information outlines some additional data on this centre.

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| Current registration end date: | 11/04/2022 |
| Number of residents on the date of inspection: | 1 |

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 |
|---------------|----------------------|-------------|------|
| 01 April 2019 | 09:30hrs to 14:30hrs | Tanya Brady | Lead |

Views of people who use the service

This centre is newly registered and therefore the process of transition for residents into being comfortable when availing of respite has only begun. To date a single resident has started the transition and is staying two nights a week. They were not present on the day of inspection. One other resident has also been identified but has not started the process of transition yet. This service aims to provide respite for up to ten individuals over time with a maximum of four able to stay at any one time.

It was apparent to the inspector that the person in charge and staff were familiar with the resident currently transitioning to avail of respite and every effort was being made to personalise the environment and to provide for their individual needs.

Capacity and capability

Overall the inspector found that the registered provider and the person in charge were striving to ensure that a good quality and safe service would be provided in this centre. This is a respite service that was recently registered and is currently supporting residents in transitioning to stay overnight. Documents from other centres under the remit of the person in charge and run by this provider were also reviewed alongside centre specific documentation when forming decisions against the regulations.

There were clearly defined management structures in place that identified lines of authority and accountability. The staff team reported to the team leader, who in turn reported to the person in charge who reported to the national director. As this centre has only been operational for a month no annual reviews or unannounced six monthly reviews had yet occurred however the templates for these were robust and outcome driven.

There was a suite of audits by the registered provider most of which had begun in this centre and assigned dates were in place to initiate the outstanding audits such as centre peer reviewing, which is a quality review from staff in one centre to another centre. The initial staff meeting was scheduled for the week following inspection however the agenda was clearly visible and the format was structured and resident focused. The registered provider ensured that there was clear communication of relevant organisational information alongside centre specific information available to all staff.

The inspector met with a number of staff who were assigned to the centre and they were knowledgeable regarding the specific needs, likes and dislikes of residents

transitioning to the centre. They also demonstrated good knowledge of centre and provider processes and procedures. The inspector viewed an actual and planned rota for the centre that accurately reflected the staffing levels for both the house and the apartment. This was a centre that had lone working, there was a clear and effective on call system in place and frequent support from the person in charge. No agency staff were to be used in this centre and the relief staff were familiar to residents and the staff bank for relief demonstrated that relief staff had specific centre designations to ensure consistency.

On review of training records staff had completed training and refreshers in line with the residents assessed needs. There was a robust induction system for staff new to the organisation and new to a centre and this was supported by staff 'shadow working' where staff worked alongside a peer to encourage peer mentoring and support and this was to be in place in this centre. Staff were in receipt of formal supervision from the team leader. The supervision records were reviewed by the person in charge who in turn supervised the team leader. All staff additionally participate in an annual performance review and goals set were seen to be time bound and measurable.

A contract of admission and service provision was to be available for each individual who would avail of respite in the centre. The resident and their family/next of kin were given time to review and sign. A contract was currently with the family of the resident who was transitioning so a sample template was viewed by the inspector.

A complaints policy was in place in the centre with an accessible version and accessible flow chart of the process available. Details of who to talk to and the complaints officer were available. There had been no complaints since this centre had been registered however there was a documented process for staff to sign each time they explained the process to a resident ensuring that the explanation of and access to the complaints process was ongoing.

Registration Regulation 5: Application for registration or renewal of registration

All documentation as required by the regulations was submitted. The statement of purpose required revision but was completed on the day of inspection

Judgment: Compliant

Regulation 15: Staffing

The actual and planned rota ensured that adequate staffing levels were in place to

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| meet the needs of residents. |
| Judgment: Compliant |
| Regulation 16: Training and staff development |
| Arrangements were in place for all staff to receive formal supervision. Training was provided in a number of areas and all staff were up to date in required training. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| A clear governance and management structure was in place along with auditing arrangements to monitor the quality of service provided to residents. |
| Judgment: Compliant |
| Regulation 24: Admissions and contract for the provision of services |
| A comprehensive admissions and transitions process was in place. A sample of residents contracts for the provision of services was reviewed. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| The statement of purpose meets all the requirements as laid out in Schedule 1. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| A complaints policy was in place which gave clear guidance to staff in the procedures for addressing a complaint. No complaints were active on the day of |

inspection.

Judgment: Compliant

Quality and safety

Overall the inspector found that the proposed quality of service to be provided in this centre would be good. Care had been taken by the staff and the person in charge to ensure that as much as possible they would provide person centered services, as an example for one resident identified to transition family photographs were printed on blocks of wood as the resident could not tolerate paper, and the accessible plans were printed on fabric. For another resident a travel kettle had been purchased to ensure that the risk of using hot water was minimised while still supporting independent making of tea and coffee.

This centre was warm, welcoming and suited to the needs of the proposed residents. As an example where a garden was fenced to ensure privacy there was still space in the fence for the horses in the adjacent field to be interacted with, or symbols were used on room doors and cupboard doors to support residents in remembering the location of places and items. Residents were to be encouraged to bring any personal items they wished from home to the centre and these were facilitated no matter what was brought. A full inventory of items was taken at the start and at the finish of a stay in respite.

The inspector reviewed the individual personal plans for two residents transitioning to this service. These residents were in the process of comprehensive assessment to set goals relevant to respite services. These were in line with the assessed needs of the residents and clearly guided staff in providing support. There was evidence of regular reviews and key workers identified for the residents had responsibility for auditing and reviewing files on a monthly basis. Goals set were meaningful for the individual and were clearly scripted and broken down into achievable steps, for example for one resident the goal of 'showering independently' had as step one turn on shower without support and this to be achieved before step two of wet and squeeze out cloth was introduced and so on with clear time frames set out for each step.

The registered provider ensured that the residents who were to stay in this centre would have access to relevant medical and health care appointments as required while staying in respite. There was a clearly recorded procedure and list of people to be notified if a resident needed to attend an unexpected medical appointment and a process for planned appointment in individual files. For one resident who had access to speech and language therapy there were duplicates of communication boards also available.

The inspector found that the registered provider and the person in charge was promoting a positive approach to behaviours that challenge. Residents positive

behaviour support plans very clearly outlines for staff ways to reduce behaviours of concern by focusing on skill development and outlined individualised triggers for residents with specific approaches for staff to use. There were a number of restrictive practices already in use and going to be introduced in this respite centre for individuals. In each instance consent for their use had been obtained and this was regularly reviewed. All restrictive practices in use have reduction plans in place and individual logs of use were also to be kept. The person in charge had a comprehensive log of practices and these will be notified to the office of the chief inspector as required.

The centre had specific processes in place to keep residents safe and the registered provider had ensured that all staff had received relevant training. Staff when spoken to were knowledgeable in relation to the safeguarding of residents and if required there was clear guidance on the use of intimate care for residents. On arrival to respite an inventory of personal items was made alongside a record of all monies a resident had brought with them and these were reviewed and checked on finishing a stay.

There was a risk register for the centre which was the responsibility of the person in charge to maintain and there was an overarching register maintained by the registered provider. There was a system of random sampling of the risk register by the national manager to ensure that this register was current and appropriate. Individual risks for residents were also assessed for and reviewed and these were apparent in individual files. The registered provider additionally had systems in place for the recording of one off risks, such as a trip to the beach in the summer where a resident may swim in the sea or the use of a bouncy castle for celebrations.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Suitable equipment was available and it had been installed and received an initial service from a certified professional. The residents due to use this centre had personal emergency evacuation plans in place. Fire procedures were available in an accessible format and one drill had taken place. On the day of the inspection there were a number of fire doors that did not close appropriately but these were immediately attended to by the registered provider.

Any medications required by residents would be brought by them for their stay in respite, there were adequate systems in place for double checking this on arrival, nightly counting and auditing on departure. Medication was stored appropriately on separate shelves in a locked cabinet in the staff office in the house and double locked in a cupboard in the apartment.

Regulation 17: Premises

The registered provider had ensured that the lay out and design of the designated centre was suitable to meet the needs of residents. It was clean, warm and well

decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place and there was a risk register in place for the centre which was subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

Systems were in place for the prevention and detection of fire. Regular checks were carried out by staff with regard to fire fighting equipment and all equipment was serviced by certified personnel. One evacuation drill had taken place since the centre had opened and regular drills were scheduled.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were practices in place for the safe receipt, storage and disposal of medication. Effective systems were in place for the administration of all medications including PRN (as required) with protocols in place with guidelines for staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an ongoing assessment and plan in place that addressed their health, personal and social care needs. This plan would be subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was to be provided to residents to ensure the best possible health. Appointments where appropriate would be facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents positive behavioural support plans were detailed and provided guidance to staff in managing behaviours that challenge.

Restrictive practices in place in the centre were reviewed and a reduction plan was in place. Consent was obtained for the use of all restrictions.

Judgment: Compliant

Regulation 8: Protection

The registered provider was striving to ensure that each resident would be assisted and supported to develop skills necessary for self care and protection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-----------|
| Views of people who use the service | |
| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | 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 |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | 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 |