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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Willow Lodge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Communicare Agency Ltd</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26 January 2021</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0007858</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0031745</td>
</tr>
</tbody>
</table>
About the designated centre

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

Willow lodge provides a respite service for up-to-four residents with physical and learning disabilities. Respite care is offered on a planned basis and emergency respite can be offered following an initial assessment of need as detailed in the centre’s statement of purpose. Each resident had their own bedroom for the duration of their stay and the centre is adapted to meet the needs of residents with reduced mobility. Residents are supported by two staff members during the day and one waking staff and one sleep-over staff support residents during night time hours. The service is generally offered from Monday-to-Friday, but it is also operational for one weekend in the month. The centre is located in rural setting, within a short drive of a local town.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Number of residents on the date of inspection:</th>
<th>2</th>
</tr>
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</table>

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 26 January 2021</td>
<td>09:00hrs to 14:00hrs</td>
<td>Ivan Cormican</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

Overall, the inspector found that the well being and welfare of residents who used this respite service was actively promoted. Residents who met with the inspector on the day of inspection appeared happy and there was a warm and caring atmosphere in the centre.

The inspector met with two residents during the inspection, both of whom appeared to be enjoying their break in respite. One resident was preparing to leave for their day service and they communicated with the inspector and staff through the use of gestures, sounds and body movements. They were very relaxed in the company of staff and they smiled when the inspector asked them if they liked their break in Willow Lodge. They also responded in a positive manner to staff who were supporting them and the inspector observed that they had a good understanding of the non-verbal communication prompts which the resident used. For example, staff members responded to the resident's eye movements and informed the inspector that the resident liked to wait for their bus in the kitchen so that they could see it drive in. The inspector also noted that staff smiled and spoke in a warm manner with this resident. This resident also required assistance with their mobility and staff were observed to positive themselves at the resident's eye level when engaging with them.

The inspector also met with one other resident who spoke freely about their stays in the respite centre. They said that they enjoyed coming for a break and that staff were very nice and friendly. They said that they could choose their own room but generally they liked to use the same room for each stay. On the day of inspection, they were planning to bake a cake, an activity which they really enjoyed and later in the day they were going to make some bird food. They also spoke about how they can get a taxi to local towns and they enjoy these trips. In this conversation they explained how they wear a face mask and wash their hands to keep themselves protected from COVID-19.

The centre was very warm, inviting and it also had a homely atmosphere. There was ample room for residents who were wheelchair users to navigate communal areas and there was a number of reception rooms in which residents could relax. The centre also had a sense of home and there were pleasant smell of home cooked food at various points throughout the morning of inspection. There was also an information board on display which outlined what residents liked to do with baking, making bird food and helping to prepare meals some of the activities listed.

The person in charge facilitated the inspection, and two other staff members were assisting residents on the day of inspection. The inspector met with both staff members and spoke at length with one. This staff member spoke warmly when referring to residents and they also had a good understanding of their care needs. They described what activities liked to engage in on how they were supported to pass the time during the national restrictions. They could also described residents'
communication needs and they outlined how they support residents to evacuate the centre in the event of a fire occurring.

It was apparent that the well being and welfare of residents was actively promoted and a review of documentation indicated that residents were assisted to engage in activities which they enjoyed. For example, a resident with reduced mobility was supported to enjoy music and dance and also completed daily recommended exercises which assisted with their dexterity. As mentioned above, the centre was very warm and welcoming and the interactions with residents indicated that they enjoyed attending for respite. It was clear that residents were actively involved in their care, but some improvements were required in regards to supporting residents to understand safeguarding procedures within the centre and supporting them in regards to self care and protection. The inspector noted that supporting residents in these areas of care would further promote their safety and build on the positive examples of care which were found in this centre.

Overall, the inspector found that residents were supported to enjoy a good quality of care when attending for respite. Some areas for improvement were identified during this inspection and they will be further discussed further in the report.

**Capacity and capability**

Overall, the inspector found that the provider and the person in charge were committed to providing a service which was safe and meeting the needs of residents.

The person in charge held the overall responsibility for the running of the centre on a day-to-day basis. They were supported in their role by senior management and weekly management meetings were held to discuss care within the centre and issues which may impact on the safety and welfare of residents. A review of a sample of these meetings indicated that senior management were kept up-to-date with any issues which had occurred and actions were highlighted which showed that the provider was aiming to drive improvements in the care which was offered to residents.

The centre had recently opened to respite care and the centre's annual review of six monthly audit had not yet occurred but the person in charge was aware of their time lines for completion. The person in charge also indicated that a schedule of internal audits were to be finalised within the coming weeks and these would be implemented to provide regular oversight of the quality and safety of care which was provided to respite users.

The provider had also produced a specific COVID-19 policy which guided the provision of care in terms of infection prevention and control and the arrangements to keep residents and staff safe. Some aspects of this policy were robust and offered clear advice in terms of the use of personal protective equipment and hygiene.
practices. However, there were further centre specific measures implemented by management to protect residents which were not clearly identified in this document. For example, the monitoring of staff temperatures was occurring while they were on shift but this was not highlighted as a need in the policy. Robust arrangements were also in place to monitor residents as they entered for respite, including consultation with family members, but this was not indicated on the centre's policy. This was brought to the attention of the person in charge and the centre's COVID-19 risk management plan was updated to reflect the many positive practices which were implemented to protect residents from COVID-19. The person in charge also indicated that the centre's policy on COVID-19 would be updated subsequent to the inspection.

Overall, the inspector found that management of the centre were committed to ensuring that residents were safe and that they enjoyed their respite care. Although the centre's policy on COVID-19 required review, the care practices which were implemented ensured that residents were, as much as possible, protected from COVID-19.

Regulation 15: Staffing

The person in charge maintained an accurate rota and staff who supported residents on the day of inspection were warm and friendly when interacting with residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up-to-date with their training needs and additional training in infection control, PPE and hand washing had been completed.

Judgment: Compliant

Regulation 23: Governance and management

Senior management were actively involved in the running of the centre and the person in charge was aware of all audits and reviews as required by the regulations. Senior management also met with the person in charge on a weekly basis which ensured that any issues which impacted on the quality and safety of care would be addressed in a prompt manner.
Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre was pleasant and the overall welfare of residents was promoted and maintained to a good standard. However, some improvements were required in regards to some fire precautions, manual handling and promoting resident's knowledge of self care and protection.

Residents had personal plans in place and the inspector reviewed a sample of these plans which were found to be robust in nature and reviewed on a regular basis. Each resident’s plan outlined their specific care needs and how they would like to spend their time in respite, including activities and pastimes which they would like to engage in. The person in charge had completed a thorough assessment of need for each resident and on each occasion they attend for respite the person in charge completes a recap of these assessments to reflect on changes which may impact on the delivery of care.

Each resident also had a robust health assessment completed by the person in charge who was also a registered nurse. These assessments promoted the health of each resident and outlined a specific plan of care for any health issues which ensured that a consistent level of care would be offered. The person in charge also highlighted that regular health monitoring was occurring and that a multidisciplinary team meeting was scheduled to occur subsequent to the inspection following changes in some resident's weight recording. However, some improvements were required. For example, a manual handling assessment had been completed for a resident with reduced mobility but this assessment did not detail the staffing requirement to safely assist this resident or that some of the equipment currently in use would meet their manual handling needs. Although, there were no incidents to suggest that safety of the resident had been compromised, the manual handling assessment required review to ensure that the centre was meeting their needs.

The inspector found that the centre was a pleasant place in which to attend for respite. As mentioned earlier, residents appeared to enjoy their stays and the was centre homely and welcoming in nature. Staff members were observed to chat with residents throughout the day and the resident seemed to enjoy these interactions. Residents could choose their own activities and pastimes and they were actively involved in preparing meals and choosing what they meals they would like. There were no safeguarding issues in this centre and staff were also up-to-date in completing safeguarding training. But some minor improvements were required to build on the positive experience for residents attending this centre. For example, the regulations require that residents are supported in the area of self care and protection, however, these themes had not been explored or developed with residents who attended for respite.

The provider had fire safety systems in place and staff had completed fire safety
training. Each resident had a fire evacuation plan in place and a staff member who met with the inspector could clearly identify the fire safety systems and how residents would be supported to evacuate. Although, fire safety was promoted and many areas of fire safety were robust, some improvements were required. For example, fire evacuation drills were occurring but supporting documentation failed to include the length of evacuation times or which residents participated in the drill. Furthermore, although all fire equipment was serviced as required, regular checks of this equipment was not occurring to ensure that it was in good working order at all times.

To conclude, the inspector found that overall, the welfare and safety of residents was generally well promoted. Although, some areas required improvement, the overall sense of this centre was that residents' general well being was to the forefront in the delivery of care.

**Regulation 26: Risk management procedures**

The person in charge had risk management plans in place which promoted the safety of residents. However, some improvements were required in regards to manual handling assessments for a resident to ensure it detailed the staffing and equipment requirements to safely support their transfer needs.

Judgment: Substantially compliant

**Regulation 27: Protection against infection**

The provider had robust arrangements in place in response to COVID-19. Staff were conducting regular sign and symptom checks and increased hygiene regimes were in place with clear guidance in terms of the cleaning detergents to be used. Staff were also observed to wear PPE and there was clear infection prevention and control signage in place and hand sanitizing stations were situated throughout the centre.

Judgment: Compliant

**Regulation 28: Fire precautions**

The centre had fire doors, emergency lighting and a fire alarm system in place. Fire safety was taken seriously; however, improvements were required in regards to ensuring that fire drill records detailed which residents participated in the drill and the duration of time to fully evacuate the centre. The provider also failed to
demonstrate that fire precautions were reviewed on a regular basis.

Judgment: Substantially compliant

**Regulation 29: Medicines and pharmaceutical services**

Residents had been assessed to manage their own medications in-line with their individual wishes and preferences and documentation which supported the administration of medication had been signed by the resident's general practitioner.

Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

Each resident had a personal plan which was specific to the individual and reviewed on a regular basis. Plans were found to be robust and clearly outlined the resident's care needs and preferences.

Judgment: Compliant

**Regulation 6: Health care**

Residents general health care needs were managed by the respective families. However, the person in charge was actively ensuring that the centre was meeting residents' individual health needs.

Judgment: Compliant

**Regulation 8: Protection**

The centre was a pleasant place to attend for respite and there were no active safeguarding plans in place on the day of inspection. Some improvements were required to ensure that residents were supported in the area of self care and protection.

Judgment: Substantially compliant
<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
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<tbody>
<tr>
<td>The inspector observed that residents were treated with dignity and respect. It was also apparent that their rights were promoted and they were actively involved in decisions about their care.</td>
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</table>

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
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<tbody>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

In Willow Lodge, we recognise that each Service User is assisted and supported regarding their safety and risk through our Governance and Risk Management policies and protocols. These policies and protocols are continuously updated in line with best practice protocols and Stakeholder feedback to secure Service User safety.

1. Risk assessment conducted by the PIC regarding Service User moving and manual handling with particular reference to staff ratio and equipment; Date completed; 27/1/21

2. Updated risk assessment and Service User Support Plans for patient Handling and moving. Additional detailed emergency care plan to include templates and protocols for service user in relation to PEEP for the day and for the night; Date; 27/1/21 For specific Service User 2:1 staffing ratio and equipment; evacuation sheet

3. Staff education fully completed by 14/2/21 with regard to moving and handling and emergency protocols for Service User.

4. Further Staff training workshop which will include risk management. Date; 5/3/21

5. OT assessment again requested from the HSE. We now await the date and the completion of the HSE’s OT Assessment for Service User prior to Service User availing of future Care break Services.

6. As soon as this OT from HSE is completed, PIC we will conduct further risk assessment on Service User with regard to moving and handling (staff ratio and equipment)
Regulation 28: Fire precautions | Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire safety management is of paramount importance to protect our Service Users and staff. We are committed to complying with all regulations and safety standards and in ensuring only best practice protocols are implemented throughout Willow Lodge.

1. Fire safety check and drill records have been extended to include additional details with regard to the specific Service Users who participate in the drill and the staff members on duty and the duration of time to fully evacuate the centre.
   a. Fire drills take place each week in Willow Lodge. These Drills and associated records are recorded and held in the fire drill folder in the main office.
   b. The weekly fire drill for emergency evacuation is a permanent component of the weekly Management Team meetings for Willow Lodge.

2. A monthly audit will now take place to analyse trends in evacuation time, any particular Service User challenges/issues and any staff concerns regarding safe and risk adverse evacuation. The fire drills and audits will form the basis for any additional risk assessment compliance with regard to Service User and staff safety. Any corresponding changes to care and support plans for individual Service Users will be implemented.

3. The PIC ensures that all staff are involved in fire evacuation and all Service Users, on a rotation basis in order to make sure everyone is aware of the procedures involved. This will be reviewed each week at the management meeting.
   c. Fire drill operations are always discussed with Service Users on admission and during respite breaks so Service Users and staff are fully informed and aware of what will take place.

3. Fire Safety Checks have been updated and are conducted twice daily. This includes an extended specific safety checklist under each piece of fire safety equipment (and includes a check on the functioning of the fire doors during check each day).

4. Each staff member has fire training certification.

5. Bespoke fire training will take place as required in relation to any specific Service User needs.

6. Inhouse fire training will take place every six months.
Outline how you are going to come into compliance with Regulation 8: Protection:
In Willow Lodge, we recognise that each Service User must be assisted and supported regarding their self-awareness, and protection and educated in understanding the key elements of Safeguarding and how this translates to their every day life.

Our culture in Willow Lodge is one of transparency, openness, empathy, and compassion, where all Service Users can discuss concerns with any member of Staff and know where to escalate or report same.

We have reviewed and updated our safeguarding policy and plan to underpin this framework in response to our inspection. We recognise the need for a more formal structure to demonstrate that we are providing an appropriate safeguarding plan and that Service Users are communicated with and educated with a self-awareness of Safeguarding practices and how they can promote and practice self-care.

1. Safeguarding matters will continue to be discussed with each Service User on each new admission, with each Service User being provided with copies of:
   a. Willow Lodge Easy Read Guide for Safeguarding (new document 22/2/21 given and communicated to Service Users). This booklet is communicated to and with each Service User to ensure they understand it. The booklet also includes directions to advise Service Users on accessing external advisors and the Safeguarding Office where they may report personal Safeguarding concerns. Any Service User returning to Willow Lodge will be asked for feedback on what they liked/did not like previously and on what they would like for their current respite.
   b. HSE Easy Read Information Leaflet on Safeguarding (existing document given and communicated with Service User).
   c. Also, each Service User’s care plan reflects Safeguarding concerns that are of relevance or concern to them specifically. This is of particular relevance for one of our Service Users where they are spoken to in a very sensitive manner regarding safeguarding.

2. We have included on our admission checklist, the requirement to confirm that safeguarding has been addressed with each Service User and that the easy read documentation has been given and discussed (together with feedback) and the date.

3. Daily Safeguarding is addressed for each Service User visit, through sensitive engagement and communication and any issues are communicated or observed are recorded on our incident forms and the matter is escalated to our PIC.

4. Safeguarding is discussed and reviewed at the weekly management meetings.

5. A quarterly Safeguarding audit will review and analyse any trends or issues in relation to Safeguarding and the feedback collected on readmission will also inform this review.

6. There are daily informal discussions with Service Users by the PIC and staff, with feedback from Service Users recorded in their file.
7. Our staff will continue each day to communicate with each Service User and observe them to ensure their ongoing safeguarding, including observations for changes in (their) body language and/or personal manner.
   a. All our staff are knowledgeable of each Service User.

8. We have updated our Safeguarding Policy to include the additional protocols and information guides as set out above.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 26(2)</td>
<td>The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>14/02/2021</td>
</tr>
<tr>
<td>Regulation 28(3)(d)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>03/02/2021</td>
</tr>
<tr>
<td>Regulation 28(4)(b)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>03/02/2021</td>
</tr>
</tbody>
</table>
that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

| Regulation 08(1) | The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. | Substantially Compliant | Yellow | 01/03/2021 |