



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

Name of designated centre:	Manderely Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	23 May 2018
Centre ID:	OSV-0002445
Fieldwork ID:	MON-0023192

About the designated centre

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

This designated centre provides 24 hour care and currently accommodates up to 5 female adults from 18 years upwards, with an intellectual disability. The house is a two storey detached house. On the ground floor there is an entrance hallway, a main kitchen cum dining room, a sitting room, a utility room and one double bedroom with an en suite. On the first floor there are four bedrooms one with a shower facility. There is also a main bathroom and a hot press. To the rear of the premises there is a small tarmac area with outdoor seating area and raised garden bed. To the front of the house there is a shrubbed garden and parking area. The house is located on the edge of a large town in Co. Cavan within walking distance to all local amenities. The centre employs seven full-time care assistants and a CMNII (person in charge) on a part-time bases (shared responsibility for another centre). During the day there is always two staff on duty and at night one waking staff. On-call support service is also provided.

The following information outlines some additional data on this centre.

Current registration end date:	08/12/2018
Number of residents on the date of inspection:	5

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
23 May 2018	10:30hrs to 18:30hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with the five residents throughout different times of the day. During these engagements the residents relayed their views to the inspector. Residents' views were also taken from observations, minutes of residents' meetings and various other records that endeavoured to voice the resident's opinion. Where appropriate staff supported communication between residents and the inspector so that their views could be known.

The residents advised the inspector that they were very happy and enjoyed living in the house.

Three of the residents showed the inspector around their bedrooms and pointed out where they had been involved in the décor of the room. The residents seemed happy and proud to show the inspector family photographs, memorabilia and personal items contained within in their rooms.

One resident advised the inspector that she liked helping with the laundry. Another resident advised the inspector that she liked knitting and that she had been supported to join a local knitting group which was very enjoyable.

One of the resident brought the inspector out the back of the house to show off her gardening project. The resident showed the inspector the fruit and vegetables that she had been supported to plant. The resident appeared pleased to show off the garden and was smiling throughout the conversation about the project.

A family member of one of the residents called in to the house for a brief period and spoke with the inspector and advised how happy their family member was living in the house and the high standard of care that was provided by staff.

The inspector observed that there was an atmosphere of friendliness and cheerfulness in the house and that staff were kind, caring and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted

an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken in to account. Improvements that were required from the last inspection had been completed.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Furthermore, there was a newly designed quality improvement self-assessment tool in place to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery. The inspector was informed that senior management monitored the outcomes of this plan on a quarterly basis.

The inspector reviewed staff rotas and found that overall, there were enough staff with the right skills, qualifications and experience to meet the assessed need of the residents however, both rota's required improvements relating to accuracy of hours documented.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. The inspector was advised that training in manual sign systems had been organised for all staff so that dialog and understanding could be enhanced between staff and a new resident.

The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures that ensure safe and effective care of residents. The inspector found that staff had the necessary competencies and skills to support the residents that lived in the centre and had developed therapeutic relationships with the residents.

One to one supervision meetings were taking place to support staff perform their duties to the best of their ability every six months. Staff advised the inspector that they found these meetings to be beneficial to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that she was completing a masters degree in health care and attending a course on person centred culture.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any

concerns they may have. The inspector saw evidence that the complaints procedure were regularly discussed at the residents' monthly meetings with residents being asked if they had anything they wanted to put forward as a complaint.

Regulation 15: Staffing

Overall, the actual and planned rota was reflective of the hours staff were employed however, the person in charge was included on both rotas as full-time. This was inaccurate as the person in charge also worked hours in another centre where they were also the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff are supported to develop professionally in an atmosphere of respect and encouragement.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The service being delivered was in line with the current statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place to ensure that the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was an easy to read information booklet displayed in communal areas of the house.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. Care and support provided to residents was of good quality however, the inspector found that in relation to safety, improvements relating to premises and the servicing of fire equipment were required.

All residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant key worker, allied health care professionals and family members.

The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Where appropriate, an accessible format of residents' personal plans, which contained photographs of their planned goals, was contained within their overall personal plan.

The residents' personal plans promoted meaningfulness and independence in their

lives and recognised the intrinsic value of the person by respecting their uniqueness. Two of the residents attended a local day service five days of the week with three other residents attending a day service part-time.

On the days residents were not engaging in day service they were involved in a New Directions type programme which provided person-centred support that was tailored to meet their individual needs. The residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. One of the residents was part-taking in a gardening project where they were supported to grow fresh fruit and vegetables. One resident was being supported to organise and go on an overnight holiday in the north east of Ireland. Another resident was being supported to continue working in the job they had before they moved in to the house thereby, maintaining the network of relationships they had previously developed.

Residents were supported to engage in goals that promoted community inclusion such as attending local knitting class, going to the local swimming pool, going for walks in the locality, bowling, and enjoying meals out in the local restaurants.

Residents were assisted to exercise their right to experience a full range of relationships, including friendships, community links as well as personal relationships. Through celebrations of residents' birthday parties and occasional in-house dinner parties, residents were supported to maintain relationships with friends who had once resided in the house with them.

Residents were involved in their running of the house through meaningful household roles and tasks which in turn promoted their independence. The inspector observed two of the residents being supported to manage their own laundry; using the washing machine, the clothes dryer and hanging clothes out on the line. One of the residents' took charge of sweeping the utility room every day after they returned home from day service.

The physical environment of the house was clean and overall, in good decorative and structural repair. The inspector was advised that a new kitchen was being installed the following week. The environment in both houses provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. However, the inspector found that improvements were required to the surface outside the back of the house which residents used on a regular basis.

The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow. However, the inspector found that improvements were required to the checking and servicing of a fundamental piece of fire extinguishing equipment.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents

to feel safe and protected from all forms of abuse. There was an atmosphere of openness, and the resident's modesty and privacy was observed to be respected. Residents were supported to develop their knowledge, self-awareness, understanding and skills required for self care and protection through accessible information and monthly residents' meetings promoting safeguarding information.

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and to feel included in their local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the house was clean and in good structural repair however, the area out the back of the house which resident used had an uneven surface which led to risk of fall or tripping.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, fire management system in place were satisfactory however, in relation to servicing of equipment, the fire blanket had not been serviced since August 2016. The house monthly equipment checks for 2018 had also not included checks on the fire blanket.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an up to date personal plan which reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary. There was a photograph and contact details of the designated officer displayed in a communal area of the house.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Manderely Lodge OSV-0002445

Inspection ID: MON-0023192

Date of inspection: 23/05/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider ensures that the number, qualifications and skill-mix of staff are appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the centre. Nursing care is provided as required in line with the statement of purpose and the assessed needs of residents. Staffing is allocated to ensure that residents receive continuity of care and support from staff who are consistently assigned to the centre as far as is reasonably practicable.</p> <p>The person in charge ensures that there is a planned and actual staff rota in place which is properly maintained and displays staff on duty during the day and night.</p> <p>The person in charge ensures that he or she has obtained in respect of all staff the information and documents specified in Schedule 2 of the regulations.</p> <p>In response to the area of non-compliance found under regulation 15 (1)</p> <p>The Actual Rota in the Designated Centre will accurately reflect the times the person in Charge is in the Designated Centre</p> <p>Completed 4-6-2018</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> The Registered Provider has ensured that the premises of the Designated Centre 	

is designed and laid out to meet the aims and objectives of the service and the number of residents.

- Is of sound construction and kept in a good state of repair externally and internally
- Is clean and suitably decorated
- Cleaning charts are completed daily
- Maintenance is logged and completed when required
- Residents decorate their own rooms
- Infection control guidelines are in place.
- All equipment are serviced regularly by the manufacturer and recorded
- Equipment checklist are in place
- Assistive technology, aids and appliances is available to support and promote the capabilities of residents.
- The premises ground floor is wheelchair accessible

The registered provider has made provision for the matters set out in Schedule 6

In response to the area of non-compliance found under Regulation 17 (1) (b)

The register provider will ensure the surface outside of the premises is level.

Completed by 17-12-2018

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The provider ensures that effective fire safety management systems are in place in the centre and adheres to and is guided by the following;

- Safety Health & Welfare at Work Act 2005
- Health & Safety Authority Guidance on Fire Prevention and Fire Safety.
- Code of Practice for Fire Safety in New & Existing Community Dwelling Houses 2017
- HSE Fire Safety and Risk Management Policies and Procedures
- Schedule 5 - Risk Management Policy.

The centre has a Fire Policy, Fire Precautions and Emergency Evacuation Procedures in place which have been drawn up in consultation with the HSE Fire Officer and are

- reviewed annually or sooner if required.
- Easy read emergency evacuation procedures are available for residents.
- Staffs receive fire training on an annual basis which incorporates evacuation procedures and the use of fire fighting equipment.
- The centre is equipped with suitable fire safety equipment, including a fire alarm system which are routinely checked and serviced according to safety requirements.

- Emergency lighting is in place to clearly identify means of escape.
- Fire safety checks are completed and recorded in the Fire Register, faults noted are reported immediately.
- The centre is well maintained, free from clutter with cleaning schedules in place.
- Electrical equipment is maintained in good working order, a night time safety check is completed to ensure all electrical appliances are switched off.
- Fire drills and evacuations are conducted quarterly with residents and a staff, details is recorded in the Fire Register. Drills include night time simulation & minimum staffing.
- Each resident has a personal emergency evacuation plan in place which is reviewed on annual basis or more frequently if there is a change in need or circumstances.
- The provider has a schedule of audit in place which includes six monthly health & safety audits and regular fire checks completed by the external contractor.
- The centre has a health and safety risk management system in place which includes;
 - A safety statement which is reviewed annually,
 - A risk register which includes risk assessment for fire safety & electrical appliances.
 - The fire precautions & evacuation procedures.
 - Emergency plans in the event of major emergencies.

The person in charge ensures that;

- The procedures to be followed in the event of fire are displayed in a prominent place.
- Fire checks are conducted according to the Fire Register and records are maintained.
- Fire drills are conducted quarterly or more frequently if required, the learning is shared with both residents and staff and relevant fire safety information is updated if required.
- The staff training matrix is monitored on a monthly basis to ensure fire training is completed within the required timeframes.
- Each resident's personal emergency evacuation plan is reviewed at six monthly intervals or in the event of a change in need or circumstances.
- All identified risks within the centre are kept under review.
- The centre is well maintained, repairs and faults are promptly addressed and the centre is free from clutter ensuring escape routes are unobstructed.
- Cleaning schedules are completed.
- All staff adhere to the Risk Management Policy.
- All staff have read and signed the Health & Safety Statement.
- Fire safety is a standing agenda item on both staff and resident meetings.

In response to the area of non-compliance found under this regulation the Fire Blanket in the Kitchen has been serviced and also is now included in the Fire Checks in the Fire Book

Completed 19-6-2018

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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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	4-6-2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	17-12-2018
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	19-6-2018