



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

Issued by the Chief Inspector

Name of designated centre:	Drumiskabole Lodge
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	10 November 2020
Centre ID:	OSV-0002602
Fieldwork ID:	MON-0030859

About the designated centre

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

Drumiskabole Lodge is a designated centre operated by the Health Service Executive. The centre is located a few kilometres from a town in Co. Sligo and provides residential care for up to five adults, who are over the age of 18 years and have an intellectual disability. Each resident has access to their own bedroom, some en-suite facilities, shared bathrooms, shared communal areas and large garden space. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 10 November 2020	09:35hrs to 14:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector met with three out of the four residents who live at this centre. Although residents did engage with the inspector, due to their communication needs, they didn't speak directly about the care and support they receive.

Upon the inspector's arrival, some residents had just left to go for a walk and take-away coffee with staff. The inspector did meet briefly with these residents when they returned and one resident said that he enjoyed his coffee and walk and was relaxing in the conservatory watching television with his peer. He also mentioned that he liked to get take-away food from time to time. While these residents were away, another resident had remained at the centre to bake buns with a staff member.

One resident liked to personally greet visitors upon their arrival and departure from the centre. Due to this resident's communication needs, the staff members on duty supported the inspector to understand this resident during her interaction with him and guided her on how best to respond to him. The adequacy of staffing arrangements meant residents could choose to take part in group activities, individual activities or to spend time in their home, if they wished.

Since the introduction of public health safety guidelines, staff had placed emphasis on the selection of activities available to residents in their home, while also providing as much opportunities as possible for residents to get out in their local community. Plans were also in place to provide residents with a sensory room in the coming months. Residents were also being supported to maintain communication with their family and friends. Some residents continued to have regular home-visits while others were supported to keep in contact with family over the phone.

During the course of this inspection, the inspector observed pleasant interactions between staff and residents. Residents appeared very comfortable and familiar in the company of staff who were on duty. Overall, there was a very homely and caring atmosphere in this centre.

Capacity and capability

This was a well-resourced and well-managed centre that ensured residents received a safe and good quality of service. Since the last inspection, the provider had made a number of improvements to the service; however, this inspection did identify where some minor improvements were still required to areas such as risk management, restrictive practice management and aspects of health care.

The person in charge held the overall responsibility for the service and he regularly met with staff and residents. He was supported by his staff team and line manager in the running and management of this service. During his interaction with the inspector, he demonstrated very strong knowledge of each resident's needs and of the operational needs of the service. He was responsible for one other centre run by the provider and current support arrangements gave him the capacity to also effectively manage this service.

Staffing arrangements were frequently reviewed to ensure an adequate number and skill-mix of staff were at all times on duty to support residents. Nursing staff were rostered during day-time hours and on-call arrangements were in place, should residents require nursing support outside of these hours. Continuity of staff was very much promoted in this centre, with many staff working at the centre for a number of years. This had a positive impact on the care residents received as it meant they were supported by staff who knew them and their assessed needs very well.

The provider had ensured the centre was adequately resourced in terms of equipment, transport and staffing. The person in charge regularly met with staff to discuss any concerns arising regarding the safety and welfare of residents. He also maintained regular contact with his line manager to discuss any operational issues arising. The provider's monitoring systems included the completion of six monthly provider-led audits and where improvements were identified, time bound action plans were put in place to address these. The person in charge was also conducting a number of audits on a monthly and bi-monthly basis in areas such as medication management, personal planning and risk management. At the time of inspection, he was in the process of reviewing this system to ensure it's continued effectiveness in identifying where specific improvements relevant to this centre were required.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made an application to renew the registration of this centre. At the time of inspection, the provider was in the process of submitting revised floor plans, statement of purpose and residents' guide to support this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the overall responsibility for this service and he was regularly present at the centre to meet with residents and staff. He had very good knowledge of each resident's needs and of the operational needs of the service. He was responsible for one other centre operated by the provider and current support

arrangements ensured that he also had the capacity to effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The centre's staffing arrangement was subject to regular review which had a positive impact on ensuring consistency in staffing levels. Nursing care was available to residents during day-time hours and waking staff were also available to support residents at night.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced in terms of equipment, transport and staffing. The person in charge regularly met with staff to discuss any concerns arising regarding the safety and welfare of residents. He was supported in the management of the service by his line manager, who he maintained regular contact with. Six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these. The person in charge was also conducting a number of audits on a monthly and bi-monthly basis and was in the process of reviewing these to ensure their continued effectiveness in identifying specific improvements required within this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a Statement of Purpose in place for this centre and the person in charge was in the process of updating this document in line with the requirements of Schedule 1 at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and monitoring of all incidents occurring at the centre. He had also ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that respected residents' individuality, rights and capabilities. Residents were given the opportunity to be part of the running of this centre through their involvement at resident meetings and through their daily engagement with staff.

The centre comprised of one building which was located a few kilometres from a town in Co.Sligo. Each resident had their own bedroom, some of which were en-suite and some had a walk-in-wardrobe, a sitting room, conservatory, kitchen, utility and office space. A large garden both to the front and rear of the building was available to residents, along with a patio area which was accessible from the conservatory. The person in charge also spoke of plans to create a sensory room for residents in the coming months. The centre was tastefully decorated, was spacious and had a very welcoming and homely feel to it.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all staff and residents. Good hand hygiene, social distancing, use of PPE and daily temperature checks were occurring. Over the course of the inspection, the inspector observed staff to wear appropriate PPE, particularly when supporting residents where two-metre social distancing was not possible. Contingency plans and risk assessments were in place, should an outbreak of infection occur at the centre and the person in charge was very familiar with these arrangements. These plans were also subject to regular review by the person in charge and senior management to ensure their on-going effectiveness.

Residents' needs were subject to regular assessment and personal plans were in place to guide staff on how best to support residents with their assessed needs. Where residents had specific health care needs, the provider had ensured that these residents received the care and support they required. For example, following a recent fall at the centre, the provider ensured a review of this resident's fall assessment and additional measures were put in place to ensure the likelihood of a further fall was reduced. However, some improvement was required to the plans and protocols in place supporting residents with neurological needs. For example, although a protocol was in place to guide on the administration of emergency medicine for one resident in the event of a seizure, further clarity was required to ensure this protocol gave clarity on the maximum number of administrations of this

medicine that was to be given by staff at the centre before emergency services were to be contacted.

In the months prior to this inspection, the provider had identified an increase in the occurrence of behavioural support related incidents. In response to this, a number of residents' behavioural support care interventions were subject to multi-disciplinary review and subsequent monitoring. These additional measures were effective in responding to these residents' behavioural support needs, which resulted in a significant decline in the re-occurrence of these incidents. At the time of inspection, the continued effectiveness of these measures were still subject to on-going review by the person in charge and by staff working at the centre. Some restrictive practices were in place and records of when these restrictions were applied were maintained. However, the inspector observed some improvement was required to the arrangements in place to guide on the use of chemical restraint. For example, although a protocol was in place to guide on the administration of a recently prescribed chemical intervention, this protocol required further review to ensure it adequately guided staff on what de-escalation techniques were to be exhausted before the administration of chemical intervention was to be considered.

Since the last inspection, the provider had completed a number of fire drills which considered a range of scenarios that both residents and staff may be presented with, the event of fire. These fire drill records were reviewed by the inspector, which demonstrated positive responses from both staff and residents to ensure timely evacuation from the centre. A waking staff arrangement was in place, which meant that staff were available to quickly respond, should a fire occur at night. The centre's fire procedure was reviewed since the last inspection to provide clarity on how to support residents residing in upstairs accommodation to evacuate, should the downstairs fire exits become inaccessible to them in the event of fire. At the time of this inspection, the person in charge was conducting a review of residents' evacuation plans to ensure these adequately guided staff where some residents may require behavioural support during an evacuation.

In response to the findings of the last inspection of this centre, the provider had reviewed the assessment of specific risks at this centre. For the most part, risk assessments now had clearer hazard identification and were reviewed on a very regular basis. However, the inspector did observe that further improvement was required to some risk assessments to ensure the risk-rating accurately reflected the positive impact that effective measures had on mitigating risk, for example, specific risks relating to the management of behaviours that challenge. Furthermore, additional review was required to ensure that risk assessments gave due consideration to effective local control measures that were implemented in response to risk. For example, risk assessments relating to the management of peer to peer related risks.

The provider had a system in place for the prescribing, administration and storage of medicines. Medication management was also subject to regular auditing. During this inspection, the inspector observed some improvement was required to prescribing practices to ensure staff were adequately guided on administration, in

particular, the prescribing of oxygen therapy.

Regulation 26: Risk management procedures

Since the last inspection, the provider had improved the overall assessment of specific risks at this centre. However, the inspector did observe that some further improvement was required to some risk assessments to ensure the risk-rating accurately reflected the positive impact that measures implemented had on mitigating risk, for example, specific risks relating to the management of behaviours that challenge. Furthermore, additional review was required of some risk assessments to ensure that these assessments gave due consideration to local control measures that were implemented in response to risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all staff and residents. Good hand hygiene, social distancing, use of PPE and daily temperature checks were occurring. Contingency plans and risk assessments were in place, should an outbreak of infection occur at the centre and the person in charge was very familiar with these arrangements. These plans were also subject to regular review by the person in charge and senior management to ensure their on-going effectiveness.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety precautions were in place, including, fire detection and containment arrangements, waking staff arrangements, regular fire safety checks and regular fire drills. Since the last inspection, the person in charge had updated the fire procedure and at the time of this inspection, was in the process of completing a further review of this document to provide additional guidance to staff on what to do in the event of fire at the centre. Evacuation plans were available for each resident and these were also in the process of review to provide further clarity to staff on what to do should some residents require behavioural support during an evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had a system in place for the prescribing, administration and storage of medicines. Medication management was also subject to regular auditing. During this inspection, the inspector observed some improvement was required to prescribing practices to ensure staff were adequately guided on administration, in particular, the prescribing of oxygen therapy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Effective systems were in place to ensure each resident was subject to regular assessment and that personal plans were in place to guide staff on how they were required to support residents with specific assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had specific health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a wide range of allied health care professionals, as and when required. Although personal plans were in place for these residents, some improvement was required to the plans of those requiring neurological support.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

In the months prior to this inspection, the provider had identified in an increase in the number of behavioural support related incidents occurring at the centre. A number of effective measures were implemented by the provider which resulted in a significant decline in these incidents. Behavioural support plans were in place and subject to regular review for residents requiring behavioural support. Some restrictive practices were in use and a review of protocols guiding on

the administration of chemical restraint was required to ensure adequate guidance was provided to staff to ensure the least restrictive practice was at all times used.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in this centre at the time of this inspection. The provider had arrangements in place to support staff in the identification, reporting, response and monitoring of any concerns relating to the safety and welfare of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that this centre was operated in a manner that was considerate and respectful of residents' rights and wishes. Residents had opportunities to spend their day as they wished and to have time away from their peers, if they wished to do so. Residents were involved in the running of the centre through regular meetings and through daily engagement with staff.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drumiskabole Lodge OSV-0002602

Inspection ID: MON-0030859

Date of inspection: 10/11/2020

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A Full review of all risk assessments has been carried out by PIC to include consideration of all control measures in place in the centre.</p> <p>This includes the local control measures implemented within the Centre.</p> <p>Risk ratings also calculated to reflect positive impact of these control measures implemented.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All prescriptions for residents have been reviewed.</p> <p>Additional information has been added to prescriptions when required to ensure clear guidance available to staff on administration of medication.</p> <p>This included prescription of oxygen therapy where clear guidance is available to staff for when it is required to be administered.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Review of epilepsy management plans has been carried out. Epilepsy risk assessments reviewed and updated to include local control measures in place.</p> <p>Care plans and Nursing interventions reviewed and updated to ensure clear guidance for staff in relation to care and supervision of residents with Neurological needs.</p> <p>Emergency medication plans reviewed and updated to ensure clear guidance is available to staff in relation to protocols for seizure management and administration of medication.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A Review of Restrictive practices and protocols has been carried out including chemical restraint. A PRN medication protocol is now in place in line with the behavioral support plan for staff guidance to ensure least restrictive practice used at all times.</p> <p>Risk assessment and protocol in place for any restrictive practice in line with Restrictive practice policy. A log is in place to monitor this restrictive practice</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 26(2)	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.	Substantially Compliant	Yellow	24/11/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	24/11/2020

Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	24/11/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	24/11/2020