



Office of the Chief Inspector

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

Name of designated centre:	Tower Lodge
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	04 July 2019
Centre ID:	OSV-0005844
Fieldwork ID:	MON-0026176

About the designated centre

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

Tower Lodge provides a residential support service to three people with a moderate to severe Intellectual Disability with an age profile of 49-69. The service accommodates both men and women. The people being supported also have secondary diagnoses, including autism, hearing Impairment and neurological conditions. Supports are provided seven days per week, based on the assessed needs of each resident. Staff support is available daily and is flexible to ensure people are able to attend events of their choosing as and when desired. At night, there is a waking night staff in place to support the residents. Tower Lodge is a large detached 3-bedroom home located in the outskirts of small town in Co. Mayo. Each person has their own bedroom. There are two large bathrooms with level access showers to which all residents have access. There are two living areas consisting of a sitting room and kitchen/dining area. The two distinct living areas provide space for privacy for residents to meet with visitors, friends and family. There is a separate utility room. This home has ample parking space at the side and front of the property for visitors and a large garden with patio area for people to enjoy at the rear of the property. The house is fully wheelchair-accessible, as two of the residents have reduced mobility.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
04 July 2019	10:00hrs to 17:00hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector spoke with two residents, and they told the inspector that they were very happy living in the centre. All the residents told the inspector that they were supported by staff to have active and meaningful lives in line with their wishes. The inspector observed staff interacting with the residents, and they were very kind and supportive. On the day of the inspection, two residents went out shopping with staff and had a fully schedule of activities planned for the day.

Capacity and capability

On this inspection, the inspector found the provider had effective operational management arrangements in this centre. This residential service had good leadership, governance and management systems in place and clear lines of accountability. The provider and the person in charge operated the centre in a person-centred manner, and the inspector observed good practices over the course of this inspection. The inspector found this centre was fully compliant in regard to the regulations inspected.

Since the opening of this centre in December 2019, the provider appointed a new person in charge to manage the centre. She had taken up post in June 2019 and had the qualifications, experience and knowledge for the role of a person in charge. In addition to managing this designated centre, she was responsible for managing one other residential centres in the local area and had arrangements to visit the centre regularly during the week, to ensure effective oversight of the centre.

The provider had completed an annual review and six-monthly unannounced audits of this centre, and ensured that key areas such as; health and social care, resident finances, medicine management, health and safety risk management and protection were adhered to in line with the organisation's policies and procedures and the regulations. The centre was well resourced in line with the centre's objectives.

Regulation 14: Persons in charge

The person in charge had the skills, experience and qualifications to ensure the effective governance, operational management and administration of the designated centre on a day-to-day basis.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff support provided in the centre to meet the care and support needs of the residents. There was an actual and planned staff roster maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had arrangements in place, which ensured that staff had regular access to mandatory training to meet both the assessed needs of residents and regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in this centre to ensure that there was a consistent oversight of the service and to ensure the provider was meeting the aims and objectives of the service and the care and support needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose, which outlined the functions, services and facilities provided at the designated centre in line with the schedule one regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed accidents and incidents reports maintained by the provider and found that the Chief Inspector had been informed of such events in line with the regulations.

Judgment: Compliant

Quality and safety

The inspector found this was a well-managed and safe service. Furthermore, the provider had measures in place to ensure that there were robust quality and safety procedures in operation at the centre.

The inspector found that there were good systems to manage identified risks in this centre. Staff could demonstrate to the inspector that there were effective risk management procedures in operation in line with organisational policies and procedures. These measures assured the inspector that the safety of the residents was promoted, and consistency of care was maintained to a good standard.

The inspector found the provider had ensured that residents' well-being was promoted at all times, and that they received a good-quality service. Residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice. There was evidence that the residents actively participated in their local community and were supported to do so by a structured and varied plan of activities.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. There were procedures for the management of fire safety equipment and fire safety training for staff in the centre. During the inspection, the inspector found that the provider had not completed a fire drill with the minimal staffing levels. However, on the evening of the inspection, this was completed and the inspector was advised that all residents evacuated safely from the centre.

The management team took measures to safeguard residents from harm. There was a protection policy available in the centre and all staff had received specific safeguarding training. Staff were aware of the safeguarding procedures to follow if required, this ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of abuse. There were no concerns of this nature reported at the time of inspection.

The inspector reviewed the procedures for managing behaviours of concern and found there were effective arrangements in the centre. All staff have attended

training in managing behaviours of concern, and staff told inspectors that there has been no behaviours of concern identified since the residents moved to their new home.

There was one restrictive practice used occasionally in the centre. However, there were effective systems in place to monitor this issue.

Regulation 10: Communication

Staff demonstrated to the inspector that they were effectively able to communicate with the residents. However, some staff did not have training in sign language. The person in charge arranged for the staff to receive this training post inspection.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had provided sufficient resources to ensure residents had access to facilities for occupation and recreation in accordance with their interests, capacities and developmental needs. Furthermore, they were supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The designed and layout of the centre was comfortable and suitable for meeting the care and support needs of the residents. The house was clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were appropriate policies and procedures for managing risks in the centre. In addition, there were systems in place in the designated centre for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety measurements in place. The centre had sufficient fire safety equipment in place, and staff had received training in fire safety management.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices in relation to ordering, receipt, prescribing, and storing and the administering of medication in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of their health and social care needs and they had an associated support plan in place which incorporated allied health professional reviews.

Judgment: Compliant

Regulation 6: Health care

Residents' health care was managed to a good standard in this centre. They had access to allied health professionals and there was a nurse available to support their assessed needs when required at the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support was available to residents when required and staff had the training and knowledge to manage behaviours of concern in the centre. There was one restrictive practices in place in this centre, that was effectively reviewed and managed.

Judgment: Compliant

Regulation 8: Protection

The provider's safeguarding of vulnerable adults policy and procedures ensured that residents were protected from the risk of abuse. Furthermore, staff knowledge was kept up-to-date through regular safeguarding training opportunities.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were maintained and they have the freedom to exercise choice and control in their lives.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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
Regulation 9: Residents' rights	Compliant