



Office of the Chief Inspector

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

Name of designated centre:	Blackwater Lodge
Name of provider:	Dundas Ltd
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 September 2019
Centre ID:	OSV-0005889
Fieldwork ID:	MON-0026919

About the designated centre

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

This service provides residential services to adults over the age of 18 years, diagnosed with an intellectual disability, autism, acquired brain injuries and who may also have mental health difficulties. The centre can accommodate up to five residents and is situated in a large town in County Meath. The living accommodation for residents includes a five bedroom two storey house . The house consists of five bedrooms, three of which are en-suit, two communal bathrooms, a kitchen-dinner,utility room, sun room, office and a living rooms. The centre is staffed with direct support workers, team leaders and has access to nursing support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
13 September 2019	10:00hrs to 17:00hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

The inspector met with and spoke to five residents during the day of inspection. It was clear from conversations that residents were heavily involved in the running of the centre and this improved residents quality of life. Residents said they were very happy in their new home and in particular loved their bedrooms. A resident showed the inspector their bedroom and told them how staff were helping them decorate their bedroom. The resident had picked out paint and staff were supporting them to paint their bedroom.

Residents told the inspector they enjoyed busy lives and staff supported them to access their community. Some residents attended local day services and others had started employment. A resident told the inspector that they really enjoyed their new job and they were proud of the work they did. It was clear throughout the inspection that residents directed their care and support and this again was very important to them.

Throughout the inspection, the inspector observed staff engaging in a positive manner with residents. Residents appeared very comfortable with staff and this led to a positive atmosphere within the centre.

Capacity and capability

The registered provider and person in charge were ensuring a very good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with individual choices, needs, and wishes.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre, which included a suite of audits to identify service deficits. The provider ensured that time bound action plans were developed to address any deficits noted. This showed that the provider could self identify issues in the centre and drive improvement.

The provider had ensured that staff had the required competencies to manage and deliver person-centred, effective and safe services to the people who attended the centre. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of residents. The inspector observed staff interacting

in a very positive way with residents. The provider had ensured that staff had the skills and training to provide support for residents.

There was an effective complaints procedure in an accessible format available to residents and their representatives. Residents understood the complaints procedures and this was regularly discussed with residents, during residents meetings.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge. The person in charge manages more than one designated centre but has ensured the effective governance, operational management and administration of the designated centres concerned.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff were supervised appropriately.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process was user-friendly, accessible to all resident and displayed prominently.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents, promote their welfare, and recognise and effectively manage the service when things went wrong. However, improvements in the the centres fire evacuation system were required.

The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were assisted in finding opportunities to enrich their lives and maximise their strengths and abilities. This included residents engaging in a variety of meaningful activities within the local and wider community. This enhanced residents quality of life and promoted a positive atmosphere within the centre.

Residents' healthcare needs were well supported. Residents had access to a general practitioner of their choice and other relevant allied healthcare professionals where needed. This resulted in residents being supported to achieve their optimal health.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary.

The provider had implemented arrangements to support and respond to residents' assessed support needs. This included the on-going review of behaviour support plans for residents. The inspector spoke with staff and they had a good understanding of resident support needs and strategies. All staff had received appropriate training in the area of positive behaviour support. The provider had assessed that a number of restrictive procedures were required within the centre. There was evidence that the least restrictive option was used and for the shortest duration possible. However, the documentation available failed to clearly demonstrate that restrictions were being implemented with the informed consent of residents.

The provider had ensured that there were systems in place to safeguard the

resident from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centres' policy. There was a robust recruitment and selection process and this further safeguarded residents.

The provider had put systems in place to promote the safety and welfare of residents. The centre had a risk management policy in place for the assessment, management and on-going review of risk. This included arrangements for implementing a location-specific risk register and individual risk assessments which ensured risk control measures were relative to the risk identified. This supported residents to engage active community participation without undue restriction. Any incidents that did occur were reviewed for learning within a timely manner.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were displayed in the centre. However, a fire evacuation plan required review. For example one evacuation procedure included a resident remaining in their bedroom to await rescue by the fire service. Whilst some additional control measures were identified within this residents personal emergency evacuation plan (PEEP), it was unclear if all reasonable strategies had been considered.

The centres practice relating to the management of medicines was generally good. Throughout the day the inspector observed safe medication management systems and practices. There was a clear process for the ordering, prescribing, storing and administration of medicines.

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided and serviced when required. There was adequate means of escape including emergency lighting.

However, the evacuation procedure for one resident required review, as it included the resident remaining in their bedroom to await rescue by the fire service.

Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal and administration of medicines was appropriate.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a comprehensive assessment of need and personal plan in place.
Judgment: Compliant
Regulation 6: Health care
Appropriate healthcare was made available for each resident, having regard to that persons personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
Appropriate supports were in place for residents with behaviours that challenge or resident who were at risk from their own behaviour. However, not all restrictions were implemented with the informed consent of residents.
Judgment: Substantially compliant
Regulation 8: Protection
The person in charge had initiated in relation to any incident, allegation or suspicion

of abuse and took appropriate action where residents were harmed or suffered abuse.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blackwater Lodge OSV-0005889

Inspection ID: MON-0026919

Date of inspection: 13/09/2019

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Risk assessment with evacuation procedure has been reviewed and updated by PPIM and PIC.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All resident restrictions were reviewed, and informed consent was obtained from all residents.	

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 28(3)(d)	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.	Substantially Compliant	Yellow	20/10/2019
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	20/10/2019