



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

## Issued by the Chief Inspector

Name of designated centre:	Lemongrove House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	21 August 2020
Centre ID:	OSV-0007634
Fieldwork ID:	MON-0030219

## About the designated centre

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

Lemongrove House is a residential home for adults, located in a town, in Co. Wexford. Residential services are provided to adults, both male and female. Up to four residents can be accommodated at any one time. Communal areas include a dining room, living room and kitchen with a separate larder room for food storage. Recreation and leisure space is provided in the garden area. The statement of purpose describes the environment as aimed at the needs of people with a particular, identified, genetic condition. Services are provided in Lemongrove House for persons with a particular genetic condition who present with complex medical and behavioural support needs. The statement of purpose outlines the ethos as providing support in a manner promoting independence, based on individual needs. The service is described as a community based service where staff encourage residents to enjoy the benefits of the local community and social facilities. Vehicles are allocated to the house to support community access. Staff support is by way of a team of support workers supported by a multidisciplinary team. The numbers, qualifications and skills-mix of staff is described in the statement of purpose as 'appropriate to the number and assessed needs of the actual residents taking into account the size and layout of Lemongrove House'.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Friday 21 August 2020	12:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and have a conversation with two residents on the day of inspection. Two other residents were not present. The home presented as a homely environment with a jovial atmosphere. One resident took the time to show the inspector their self-contained living area. They had decorated it with the support of staff and loved their space. They showed the inspector family photographs and their favourite personal items. They were excited to go out in the afternoon to go horse riding. They spoke of the need to start online shopping if the shops don't get back to normal soon.

The inspector met with another resident when they got back from their walk. They had recently started going to the local swimming pool. They showed the inspector their personal space but got distracted chatting with the bin collection man. This is a job the resident would love to have and enjoys chatting with the bin men when they call to the centre. They were also picking out a new wallet with the support of staff.

Staff spoken with spoke of the residents in a very professional and respectful manner. They had an awareness of their support needs and spoke of the achievements the residents have made since their transition to the service.

## Capacity and capability

This was a risk inspection implemented to ensure the service provided to all residents was done to guarantee the safety and well-being of residents was maintained at all times. The inspection found areas of capacity and capability which required review to ensure regulatory compliance was achieved including governance review of incidents.

The registered provider has appointed a suitably qualified individual to the role of person in charge to the centre. They were supported in their role by an appointed team leader and had a reporting role to the head of social care within the organisation. Whilst this governance structure was clear and lines of accountability were in place a number of regulatory requirements had not been met. These included notification in the correct manner to the chief inspector a serious injury to a resident. Also, this centre was registered in October 2019 with a capacity to provide a service to five residents. The registered provider since this time had carried out internal works to the premises resulting in a change to internal layout. The building could now hold a capacity for four residents. This had not been notified in accordance with their regulatory requirements.

Following the occurrence of a serious incident further review was required to ensure

the service provided to all was safe and effective. The incident was recorded with much detail including in depth information present. Communication was ongoing with members of the multi-disciplinary team and relevant stakeholders. However, learning from the incident was not clear. Outstanding information required was not in place with no action plan evidenced to show any learning was being implemented in a timely manner. For example, a full review of required supports and reactive strategies for the staff team.

The registered provider had ensured the development of a statement of purpose, a document which set out the objectives and function of the designated centre. This document had been reviewed to reflect the changes to the internal lay out and capacity. Notwithstanding this, a number of regulatory required items required review to ensure that this document was up to date and reflected the current supports provided to residents. This included the admission and discharge process.

The admission process within the centre required review. An organisational policy was in place in conjunction with the admissions procedure set out within the statement of purpose. This did not set out the procedures with respect to emergency admissions and the discharge of residents from the service should the need arise. When unique criteria for admissions was in place including a trial period, this was not clearly laid out in the contract of care. These were found not to be individualised in nature and not all documents were signed and agreed.

The registered provider had completed training with regard to the genetic condition supported within the centre to all staff as part of the induction process. Training with regard to this condition was ongoing as part of professional development of all staff. The registered provider continued to source both national and international experts to provide guidance and expertise for the staff team. As part of an admission proposal for one resident criteria with respect to specific training was set out. This included wound care and skin integrity. Whilst training was completed should complex wound care be required no overarching training had been completed to ensure all areas of care were supported in accordance with wound care best practice.

#### Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified individual to the role of person in charge to the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to all appropriate

training required to meet the assessed needs of the residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems in place in the designated centre did not consistently ensure that the service provided to residents was safe, appropriate to meet the resident's' assessed needs, consistent and effectively monitored.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The admission process within the centre required review:

- The organisational policy did not contain information regarding emergency admissions and discharge procedures.
- All contracts of care were not signed and did not reflect the individual circumstances of each resident.
- When unique criteria for admissions was in place including a settling in period, this was not clearly laid out in the contract of care.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the development of a statement of purpose, a document which set out the objectives and function of the designated centre. Whilst this document had been reviewed to reflect the changes to the internal lay out and capacity this change had not been notified to the chief inspector.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The person in charge had ensured required information relating to the notification of incidents was done so in the correct manner. The person in charge will continue

to liaise with inspector to ensure all notifiable incidents including any injury are notified in the correct manner. .

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of the service afforded to residents within the centre. The registered provider set out in their statement of purpose that they provided a specialist service for individuals with a specific genetic disorder incorporating all the features of the condition including complex medical and behavioural needs. Based upon the evidence presented on the day there are areas requiring improvement.

The person in charge had not ensured that staff were afforded with sufficient guidance to support all residents where behaviours can be challenging. For example, one resident displayed a high level of self injurious behaviour, their current behaviour support plan was in draft format with no guidance within documentation for staff with regard to reactive and proactive strategies which could be utilised to reduce the impact and occurrence of the behaviour. Whilst the plan was in draft there was no interim guidance developed following a significant incident of self-injurious and unsafe behaviour. Staff spoke of the changing needs of residents since transitioning to the centre due to improved health and well-being, however, support plans had not been updated to reflect these changing support needs.

The registered provider had ensured the development of an organisational risk management policy. This incorporated the regulatory required risks. A risk register was in place which incorporated a range of identified risks including fire safety and missing persons. Individualised plans were developed following assessment of the individual. The provider had identified one risk as high with the risk being described as having "potentially catastrophic consequences". Whilst a risk assessment had been completed with a number of control measures in place, the assessment did not include guidance for staff on actions to take should the risk occur.

Residents were supported to achieve a good level of health in a number of areas including those specific to the specialist genetic condition supported within this centre. This included a healthy balanced diet which was individually reviewed daily through a personal daily diet plan. Resident's weight was carefully monitored and the benefits of weight loss was evident with the reduction in the need for insulin therapy for one resident. Staff spoken with articulated a keen awareness in the need for adherence to diet and health plan. One area of health care which required review was wound care. Whilst detailed plans including photographic guidance was in place for severe wounds, the care of minor wounds including resident engagement was not documented. There was no robust mechanism for recording the monitoring of all wound types.



The registered provider had ensured effective measures were in place to protect individuals from infection aside from wound based infections. There was evidence of adherence of local and national guidance with respect to the COVID 19 pandemic. Staff were observed adhering these guidelines throughout the day for example the use of PPE and adhering to a cleaning schedule. An organisational contingency plan was in place.

### Regulation 17: Premises

The design and layout of the centre met the objectives of the centre as set out in the statement of purpose. The house present as clean and tastefully decorated. The residents personal spaces were decorated in accordance with their personal choice, this included personal photographs and personal items.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to enjoy a health and varied diet in accordance with multi-disciplinary recommendations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured the development of an organisational risk management policy. This incorporated the regulatory required risks.

Improvements were required to ensure effective systems were in place for the review of risk including an effective system for responding to emergencies.

Judgment: Not compliant

### Regulation 27: Protection against infection

The registered provider had ensured effective measures were in place to protect individuals from infection aside from wound based infections. There was evidence of

adherence of local and national guidance with respect to the COVID 19 pandemic.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to achieve a good level of health in a number of areas including those specific to the specialist genetic condition supported within this centre. However, there was no robust mechanism for recording the monitoring of all wound types and this required review.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge had not ensured that staff were afforded with up to date guidance to respond to behaviour that is challenging and to support all residents manage such behaviour.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant

# Compliance Plan for Lemongrove House OSV-0007634

Inspection ID: MON-0030219

Date of inspection: 21/08/2020

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff will complete the on line training through HSE land regarding wound care management</p> <p>All staff have received PWS specific training through the PWSAI. Further training which was scheduled to take place in June will be rescheduled once travel restrictions are lifted</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will continue to ensure that management systems are in place to ensure that the service provided is safe, appropriate to the residents needs consistently and effectively monitored.</p> <p>Key elements of our clinical governance framework include:</p> <ul style="list-style-type: none"> <li>• Board appointed Quality and Safety Governance Committee.</li> <li>• Risk Management is a key responsibility of the Senior Management Team.</li> <li>• Clinical Risk Manager (CRM) responsible for the implementation of Resilience Risk Management Strategy. The CRM provides guidance in the development of the service risk management framework, incorporating risk assessment, Health and Safety, emergency management, incident reporting and analysis, training, environmental and clinical audits and ongoing monitoring. Robust Policies and Procedures.</li> <li>• Risk Registers – individual and service level.</li> <li>• Incident escalation and review processes.</li> <li>• Audit and monitoring of services</li> </ul> <p>Lemongrove has an extensive incident reporting system which ensures incidents are</p>	

reported in a timely manner and necessary corrective actions are put in place, debriefs occur and corrective actions are reviewed to evaluate effectiveness. The SMT and the Quality & Safety Governance Committee review and analyse common trends and themes to elicit service improvements.

A schedule of audits are in place which are completed by the Person in Charge or designate (Team Leader). The purpose is to assess, evaluate and improve care for service users and the environment in which they live in.

Lemongrove has access to an On-Call service which provides operational support to front line services out of office hours and weekends.

Resilience maintains systems, procedures and controls which reflect the best practices of accountability and financial management. Resilience has developed service specific budgeting processes. This enables service managers to play a key role with the finance team in establishing service budgets, resource allocations and ensuring accountability and monitoring through key performance indicators.

A placement review was completed to ascertain timescales and potential triggers for escalation in increased anxiety, hyperphagia and skin gouging. This report included a full review of incidents, timeframes and categorising of incidents. Resilience attended a professionals meeting and have consulted with experts in the UK and Europe.

Resilience are working with all professionals to plan future service provision to one resident, this includes learning from the individuals placement in Lemongrove.

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Resilience has a full admission discharge and transfer policy. The Statement of Purpose identifies all admissions to Lemongrove are planned and does not accept emergency admissions. There are clear criteria outlined in this policy on how a resident would be supported when discharged from a Centre. The admissions policy will be reviewed and include unique criteria for admission.

Three out of Four contracts of care were signed. 1 resident who has capacity refused to sign the contract of care. All contracts of care will be signed prior to admission to the Centre.

Contracts of Care include the support, care and welfare of the resident, details of the services provided for that resident and where appropriate the fees to be charged. Where there are unique criteria for an admission this will be reflected in future contracts of care.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

An updated Statement of Purpose and Function was submitted to the authority on the 20th August. Any future changes to the statement of purpose and function will be notified as set out in the regulations. The statement of purpose and function contains all the information set out in schedule 1 of the regulations.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 Resilience has a comprehensive risk management policy in place that allows for the assessment of risks to the service and to the Service Users. The risk system is an online portal whereby risks are assessed and recorded. The risk assessments are reviewed on a regular basis in accordance with the level of residual risk by the Service Manager. Each risk details the task, hazards, controls and actions and scored in line with the risk management framework. Risks are monitored by the Clinical Risk Manager and reports are made to the Governance Committee (Quality and Risk) on a regular basis. The actions recorded in the risk assessments may be linked to specific protocols, support plans or other associated documents in order to manage the risk effectively. In the case of emergency procedures the actions in the risk assessment will highlight those procedures and staff will follow the emergency protocols.

In addition Resilience has established a Clinical Risk Committee for Lemongrove, to oversee all aspects related to developing, maintaining, improving, and monitoring clinical risk of our Service Users in Lemongrove. This Clinical Risk Committee Lemongrove shall report via the Chairperson to the Governance Committee.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 The current mechanism in place for the recording and monitoring of all would types will be reviewed to ensure that they are more robust.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 All residents who require positive behaviour support plans, have one in place. One resident Positive Behaviour support plan was being reviewed and was in draft. The active plan was archived when the resident was transferred from the Centre. All plans will remain in place until such time the draft plans are finalised. All staff have received MAPA training and further training provided by the PWSAI which included behavioural phenotypes and possible strategies for supporting individuals with PWS.

The active behaviour support plan includes interventions for supporting individuals with behaviours of concern.

The active behaviour support plan is in the resident's support file, and a copy of the plan

is also in the file with the resident who is currently absent from the Centre.



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2020
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre	Not Compliant	Orange	20/10/2020

	is determined on the basis of transparent criteria in accordance with the statement of purpose.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	21/09/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/09/2020
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.	Not Compliant	Orange	31/10/2020
Regulation 03(1)	The registered	Not Compliant	Orange	20/08/2020

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.			
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	30/09/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Red	13/10/2020
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	25/08/2020