



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

Issued by the Chief Inspector

Name of designated centre:	Macotar Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0033643

About the designated centre

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

Macotar Lodge Services provides residential care for up to nine male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of two premises located a few kilometres from each other. One house provides residential care for up to six residents and the other house can provide isolation for up to the three residents suspected or confirmed of Covid-19. Both houses provide residents with their own bedroom, some en-suite facilities, shared bathrooms, kitchen and dining spaces, utility, staff offices, sitting rooms and recreational spaces and rear and front garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 29 June 2021	10:05hrs to 13:55hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health and well-being of residents was promoted, and that care was provided in a person-centred manner.

The purpose of this inspection was to monitor compliance with the regulations. The inspector visited both premises that comprised of this centre and had the opportunity to meet with many of the residents who lived there. Both houses were located within a few kilometres of each other. One house provided residential care to six residents, one of whom had already left for an appointment by the time the inspector arrived. Two residents were sitting in the dining area and were proudly wearing their county colours. One resident, with the support of staff, told of their love for GAA and were looking forward to supporting their county in upcoming games. One of these residents was getting ready to leave for their day service, while the other resident was being supported to have their day service in the comfort of their own home. Another resident met briefly with the inspector and they too were being supported by staff that day with regards to their day service. Residents appeared very comfortable in the company of staff who were on duty, some of whom, told the inspector that they had cared for these residents for a number of years. The second house was also visited by the inspector but no residents were residing there at the time of this inspection. The purpose of this house was to provide isolation to residents suspected or confirmed of COVID-19.

Each house provided residents with their own bedroom, some en-suite facilities, shared bathrooms, sitting rooms and recreational rooms, dining and kitchen areas, utility, staff offices and large garden space for residents to use as they wished. Both houses were tastefully decorated and provided a spacious and homely environment for residents. Photographs of outings that residents had been on were proudly displayed and where residents had identified various goals that they wished to achieve, photographs of residents progressing towards achieving these goals were displayed in a glass unit in residents' bedrooms. In response to the mobility needs of some residents who lived at this centre, the provider had installed tracking hoists and wheelchair accessible fire exits to their bedrooms.

Prior to the introduction of public health safety guidelines, staff told the inspector that these residents led very active lifestyles. All effort was made by staff to ensure that while such guidelines were in place, these residents continued to participate in activities of interest to them. At the time of inspection, residents were returning to some of the activities they took part in prior to the introduction of these guidelines, including, walks, going for drives, shopping and going out for lunch. Some residents had recommenced home visits, with one resident doing so at the time of this inspection. Other residents had welcomed visits from family members back into their home and the person in charge said that these were working well and remained under review to ensure the safety and welfare of all residents. Both staff and the person in charge said that all residents got on very well together, with many choosing to take part in activities with their peers. The quality of social care that

residents received in this centre was largely attributed to by the adequacy of staffing and transport arrangements, meaning residents at all times had the resources they required in order to engage in activities of interest to them.

Residents were very involved in the running of their home and voiced their wishes and preferences through house meetings and through their daily engagement with staff. A key worker system was in place, where nominated staff members met individually with each resident on a regular basis to review arrangements around family contact, restrictive practices, their day service, goals, activity planning and to see if residents were generally happy with the service being delivered to them. This process was overseen by the person in charge, ensuring that residents' feedback was incorporated into all aspects of the service they received. Staff working at this centre had done so for a number of years and knew the residents and their needs very well. This had a positive impact for residents as it ensured consistency of care and meant residents were cared for by staff who were familiar to them. During the inspector's visit, she observed staff to engage very respectfully with residents and noted that the days planned activities were very much based on how each resident wanted to spend their day.

Overall, this service was found to promote person-centred care where residents' individual interests, capacities and preferences were considered by staff on a daily basis to ensure residents led the lifestyles that they wished to lead. The next two sections of this report present the inspection findings in relation to capacity and capability and quality and safety of care.

Capacity and capability

This was a well-run and well-managed centre that ensured residents received a good quality and safe service. Although the provider was found to be in compliance with many of the regulations inspected against as part of this inspection, some minor improvement was identified to aspects of risk management, medication management and health care.

The person in charge held the overall responsibility for this service and she was present full-time at the centre, which meant she regularly met with staff and residents. She was very knowledgeable of the residents' needs and of the operational needs of the service delivered to them. She was supported by her staff team, team leader and line manager in the running and management of this centre. This was the only designated centre operated by the provider for which she was responsible and current support arrangements gave her the capacity to effectively manage the service.

This centre's staffing arrangement was subject to regular review to ensure an adequate number and skill-mix of staff were at all times on duty to meet the needs of residents. Staff working at this centre had done so for many years, which had a positive impact for residents in ensuring they received continuity of care. Suitable

arrangements were also in place, should additional staffing resources be required by this centre. Furthermore, suitable support arrangements were in place for times where staff were lone-working in the centre. Effective training arrangements were in place, ensuring staff had access to the training they required, suited to their roles. In addition, all staff received regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of transport, staffing and equipment. The person in charge held regular meetings with her staff team, which meant resident-related care issues could regularly be discussed. She also was in regular contact with her line manager to review operational related matters. The oversight of the quality and safety of care in this service was largely attributed to the regular presence of the person in charge at the centre as it gave her the opportunity to regularly observe care practices and to engage with staff regarding any concerns arising relating to residents' care. Effective monitoring systems were also in place and where improvements were identified, action plans were put in place to address these. Six monthly provider-led audits were also occurring in line with the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held overall responsibility for this service and she was present full-time at the centre which allowed her to meet regularly with staff and residents. She had strong knowledge of the residents' needs and of the operational needs of the service delivered to them. This was the only designated centre operated by the provider for which she had responsibility and current support arrangements gave her the capacity to effectively manage it.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review to ensure a suitable number and skill-mix of staff were at all times on duty to meet the needs of the

residents.
Judgment: Compliant
Regulation 16: Training and staff development
Effective training arrangements were in place to ensure that all staff had access to refresher training, as and when required. Furthermore, all staff were subject to regular supervision from their line manager.
Judgment: Compliant
Regulation 23: Governance and management
The provider had ensured that this centre was adequately resourced in terms of transport, staffing and equipment. The person in charge held regular meetings with her staff team, which meant resident-related care issues were regularly discussed. She also was in regular contact with her line manager to review operational related matters. Effective monitoring systems were in place and where improvements were identified, action plans were put in place to address these.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose available at the centre and this was in the process of further review to ensure it clearly detailed all information as required by Schedule 1 of the regulations.
Judgment: Compliant
Quality and safety
This centre was operated in a manner that was very respectful of residents' assessed needs, interests and capacities. Residents' involvement in the running of their home was paramount to the many systems that the provider had put in place

to ensure they received the type of service they required.

The centre is comprised of two premises located a few kilometres from each other. One premises provided residential care for up to six adults and was located in a small village in Co. Galway. Here, residents had their own bedrooms, shared bathrooms, dining and kitchen area, utility, sitting room, staff office and large garden area. This premises was homely, was comfortably furnished and provided residents with a comfortable living environment. The person in charge told of plans to complete re-decoration works to this house in the coming months. In response to the mobility needs of the residents who lived in this house, tracking hoists and wheelchair accessible fire exits were made available to them in their bedroom. Throughout the home, photographs of residents and various trips they had been on were prominently displayed in the main hallway. The second premises was located in a nearby town and the primary use for this house was to provide isolation for residents suspected or confirmed of COVID-19. This house comprised of single bedrooms, some of which were en-suite, bathrooms, kitchen and dining area, sitting room, utility and recreational rooms. A large garden area was available to the rear and front of the premises. At the time of this inspection, no residents occupied this house.

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. Risks were quickly identified in this centre and responded to in a timely manner to ensure the safety and welfare of all residents. Although risk was quickly identified and responded to, some improvement was required to supporting risk assessments to ensure these gave better clarity on hazard identification and of the specific controls that the provider had put in place in response to these risks. Furthermore, although organisational risk was subject to very regular review by the person in charge, a review of supporting risk assessments was also required to ensure these adequately supported her in this process, particularly in the areas of fire safety and staffing.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and all staff had received up-to-date training in fire safety. During this inspection, the inspector observed that maintenance work was required to some self-closing fire doors and this was brought to the attention of the person in charge who provided written assurances to the inspector before the close of the inspection that this would be rectified. Regular fire drills were occurring and records demonstrated that staff could evacuate all residents in a timely manner. A waking staffing arrangement was also in place at night, meaning that should a fire occur, staff were available to quickly respond. Multiple fire exits were also available throughout the centre and in response to the mobility needs of some residents living at this centre, a wheelchair accessible fire exit was installed in their bedroom. There was a clear fire procedure available at the centre, which clearly guided staff on what to do, should a fire occur at the centre.

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment and that clear personal plans were put in place to guide staff on the support residents required with these needs. The person in charge also spoke

with the inspector about the changing needs of some residents and of the regular reviews and supports in place to care for these residents, particularly in the area of dementia care. Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required, especially in areas such as mobility and neurological care needs. Residents also had access to a wide variety of allied health care professionals, as and when required. Although staff were very knowledgeable and responsive to residents' health care needs, some minor improvement was required to the protocols in place for those prescribed emergency medicines, to ensure additional clarity was afforded to staff on how to respond in such instances.

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. However, during the review of some prescribing records, the inspector observed that some improvement was required to ensure that the prescribing of as-required medicines included the maximum dose to be administered and the indications for use, particularly in with regards to pain relief and emergency medicines.

Where residents required behavioural support, the provider ensured that adequate systems were in place to ensure these residents received the care and support they required. For example, the person in charge told the inspector that in recent months, there was a noted decline in the number of behavioural related incidents occurring at this centre. She largely attributed this to the effective proactive strategies implemented by staff on a daily basis, along with improvements made to these residents' environment and daily routines. Behaviour support plans were subject to regular multidisciplinary review and some were planned for further review in the weeks subsequent to this inspection. Restrictive practices were in use at this centre and these too were subject to regular multidisciplinary review. Where possible, residents were consulted in the review and use of restrictive practices as part of their care.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at this centre. Although risk was quickly identified and responded to, some improvement was required to supporting risk assessments to ensure these gave better clarity on hazard identification and of the specific controls that the provider had put in place in response to these risks, particularly in the areas of fire safety and staffing.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to ensure the safety and welfare of all residents and staff. Temperature checking, use of personal protective equipment (PPE) and social distancing was regularly practiced at the centre. The provider had contingency plans in place, should an outbreak of infection occur at this centre and these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, fire safety checks and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and records demonstrated that staff could evacuate all residents in a timely manner. Multiple fire exits were also available throughout the centre. There was a clear fire procedure at the centre which clearly guided staff on what to do, should a fire occur at the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place for the prescribing, administration and storage of medicines at this centre. However, some improvement was required to ensure the prescribing of as-required medicines included the maximum dose to be administered and the indications for use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had robust systems in place to ensure residents' needs were subject to regular re-assessment and that clear personal plans were put in place to guide staff on the support residents required with these needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed healthcare needs, the provider had ensured these residents received the care and support they required. Although staff were very knowledgeable and responsive to residents' healthcare needs, some minor improvement was required to the protocols in place for those prescribed emergency medicines, to ensure additional clarity was afforded to staff on how to respond in such instances.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensure robust systems were in place to meet their assessed needs. Clear behaviour support plans were also in place to guide staff on how to support these residents and these plans were subject to regular multidisciplinary review. Where restrictive practices were in use, these were also subject to regular multidisciplinary review and where possible, residents were involved in the decision-making process around their use.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents were supported to be part of the running of their home and were regularly consulted with staff on how they wished to spend their time. Residents' individual interests, capacities and preferences were considered by staff on a daily basis to ensure residents' led the lifestyles that they wished to lead.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0033643

Date of inspection: 29/06/2021

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
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC reviewed all risk assessments to ensure the hazards and control measures are appropriate to the assessed risks. All amendments will be discussed at the staff meeting on 28/07/2021, to ensure good practice.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC discussed and reviewed as-required medication with the Pharmacist to include the maximum dose to be administered and the indications for use on the 07/07/2021. All relevant information is included on the cardex in line with the organisation's policy.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: In relation to records for the administration of emergency medication, the PIC has	

discussed and made changes as appropriate with Neurology department 07/07/2021.
The individual care plan for guidelines for administration of Buccal Midazolam was reviewed and amended by Neurology Department to ensure clear instruction to guide staff.
The PIC will discuss changes at staff meeting on 28/07/2021.

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	28/07/2021
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	28/07/2021

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	28/07/2021
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