



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

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | Dane Lodge                      |
| Name of provider:          | Nua Healthcare Services Limited |
| Address of centre:         | Waterford                       |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 12 April 2022                   |
| Centre ID:                 | OSV-0007973                     |
| Fieldwork ID:              | MON-0032119                     |

## About the designated centre

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

This centre is based in County Waterford and is run by Nua Healthcare Services. It opened in 2021. The centre provides a residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. The centre consists of a two storey house located in a rural setting, and two stand-alone apartments. The main house is sub-divided to contain five separate living areas with private bedrooms. One bedroom has access to the main house. The capacity of the service at the time of this inspection was six residents and it operates seven days a week. During the day, service users engage in personalised programmes and they can avail of training opportunities delivered through an outreach service delivered by the provider. The staff team includes assistant support workers and social care workers led by a team leader, a person in charge and two deputy team leaders. Residents have access to multidisciplinary professionals either through the health service executive or the suite of professionals employed by the provider.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 5 |
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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 (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 12 April 2022 | 09:40hrs to 18:30hrs | Lisa Redmond | Lead |

## What residents told us and what inspectors observed

On the day of this inspection, the inspector met with the five residents that lived in the designated centre. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall this was a positive inspection that found good levels of care and support being provided to residents. Staff members provided individualised supports to residents in line with their assessed needs.

The premises of the designated centre was a two-storey house which was subdivided into three independent living areas. One resident's bedroom had access to communal areas of the house, including the kitchen. In each of the stand-alone apartment areas, residents had access to a private bedroom and a sitting/dining room area. Since the previous inspection of the designated centre, two additional stand-alone apartments had been added to the footprint of the designated centre. Therefore the centre's capacity had increased from four residents to six residents since it was first registered in 2021. At the time of this inspection, five residents lived in the designated centre.

Four residents lived in stand-alone apartments within the centre. This was required due to the assessed needs of each of these residents and to promote their safety. It was also noted that due to the level of risk posed by these residents' assessed needs, that they did not have access to kitchen facilities within the designated centre. Therefore, staff members prepared residents' meals and brought them to residents in their apartments. It was noted that the residents' apartment areas had been designed so that they could provide kitchen and cooking facilities in the future, in response to decreasing levels of risk to residents. This was monitored by the registered provider to ensure this practice was appropriate in response to risk management, to promote the safety of staff members and residents.

The inspector met with all five residents that lived in the designated centre. Time spent with residents was limited at times due to residents' assessed needs and to ensure the safety of residents, staff members and the inspector. When residents requested that the inspector leave the area, or communicated that they no longer wished to speak with them, this choice was respected.

Overall residents were observed being supported by staff members in a kind and respectful manner. Residents spoke with the inspector about areas of interest to them including exercise and fitness, and sports. It was observed that residents were supported to engage in activities in line with their interests. One resident participated in personal training weekly which they told the inspector they enjoyed. One resident was being slowly introduced to horse-riding, to identify if this was an activity they would enjoy. The resident attended this activity on the day of the

inspection, with staff members reporting afterwards that the resident had been on the horse for the first time and appeared to enjoy the activity.

While some residents could communicate their needs, other residents could not verbalise their views on what it was like to live in their home. Residents appeared comfortable in the presence of staff members. One resident told the inspector that they would like to live closer to their family home. It was evident that the provider had ensured that the resident would be supported to move closer to home, should a suitable vacancy arise. This was goal was outlined in the resident's personal plan.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, this designated centre was found to be well managed. Effective governance arrangements ensured that residents received a service that was safe and effectively monitored.

Residents were supported by a team of assistant support workers and social care workers. All staff reported directly to the person in charge, who carried out the role of person in charge for this designated centre alone. Two deputy team leaders and a team leader had been appointed to support the person in charge in the oversight and management of the designated centre.

Audits and reviews were completed in the centre to monitor and oversee the centre's adherence to service policies, procedures and the regulations. This included six monthly unannounced visits to the designated centre and an annual review of the services provided to residents in their home. These reviews were noted to be comprehensive in nature. When areas for improvements were identified, an action plan was developed to ensure this was completed. These action plans included a timeline for improvements to be made, and the person responsible for each action.

Overall, it was evident that there were good levels of oversight and monitoring in the designated centre.

## Regulation 14: Persons in charge

A person in charge had been appointed in the designated centre. This individual worked full-time in the centre, where they carried out the role for this designated centre alone. The person in charge used the office area that was located in the

designated centre. As a result, they were available to staff members and residents should an issue requiring managerial support/input be required. This arrangement also supported the person in charge to maintain effective oversight of the supports provided to residents in their home.

It was evident that the person in charge held the necessary skills and qualifications to fulfil the role. They spoke with the inspector about the assessed needs of residents, and the supports provided in the designated centre. It was evident that they had an excellent knowledge of the support needs of residents.

Judgment: Compliant

### Regulation 15: Staffing

In line with the assessed needs of residents, there was a high volume of staff members on duty in the designated centre each day. The inspector reviewed the designated centre's rota which clearly showed the staff members on duty. A sample of dates were reviewed where it was evident that appropriate staffing numbers had been provided day and night. Four additional staff members were due to start working in the centre in the weeks after this inspection.

Staff members engaged in supervision with the person in charge bi-monthly. All staff members were up-to-date with their supervision schedule.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. All staff reported directly to the person in charge. The person in charge reported to their line manager, who was employed as a director of operations. This individual reported to the chief operations officer, who then reported directly to the chief executive officer. The inspector met with the director of operations during the inspection. It was evidenced that they were well informed of relevant issues and challenges in the provision of support to residents in this centre. This ensured effective oversight and monitoring of the progression of actions to make improvements in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. Complaints officers had been appointed to deal with complaints, as outlined in the organisation's complaints policy. The complaints procedure was also available in an accessible version and it was evidenced that residents had been supported to make complaints if they wished.

There was one open complaint in the designated centre. It was evident that the provider was engaging with relevant persons to ensure a satisfactory resolution to the complaint.

Judgment: Compliant

## Quality and safety

Residents received a good quality of care and support in their home. Staff members spoken with had a good knowledge of the needs of residents, and the measures in place to manage risk in the designated centre. Supports were observed being provided by staff members in a kind and respectful manner.

The designated centre provided residential care to residents who required support with their mental health, autism spectrum disorder and/or an intellectual disability. In line with their assessed needs, residents were provided with individualised supports in their home, where four of the five residents were supported in a stand-alone apartments. Risk management was key to providing supports to residents in their home, and this was well managed to ensure that the control measures were appropriate to reduce risks to residents and staff members.

Overall, the designated centre demonstrated high level of compliance with the regulations. This had a positive impact on the quality of care and support that residents received in their home. While it was noted that there were issues where one resident could not fully access their bank card and financial statements, actions were being taken by the registered provider and the person in charge to ensure that this issue would be addressed.

## Regulation 12: Personal possessions

One resident did not have access to the bank card or financial statements for a financial account that was held in their name, and which their personal monies was paid into. A second financial account which the resident had full access to had been set up. The resident could transfer money from one account into the other. However, due to the resident being unable to access the bank card and their bank



statements, they did not have full access or control over their personal monies, and the balance on their account could not be effectively monitored. It was acknowledged that the registered provider was in consultation with relevant persons to ensure the resident gained full control over their financial account and bank card, however the issue had not been resolved at the time of the inspection.

Financial audits were completed in the centre on a regular basis.

Judgment: Substantially compliant

### Regulation 17: Premises

The designated centre was divided into five stand alone apartment areas and one bedroom which had access to communal areas in the main house. Residents' bedrooms and apartment areas were decorated in line with their assessed needs, interests and likes. This included minimal decoration for some residents, while others had posters, photographs and personal items throughout their home. The centre had a large garden with garden furniture which was well kept.

Overall, the centre was kept in a good state of repair. Where premises issues were identified, there were plans in place to address these. One bath was due to be replaced with a shower in the weeks after the inspection. A broken window was also due to be replaced after the inspection had taken place.

Judgment: Compliant

### Regulation 26: Risk management procedures

The designated centre had a centre specific risk register and individualised risk assessments for residents. There were no high rated risks to residents' safety identified in the designated centre. Where there were risks, these were subject to a formal risk assessment. This ensured that there were clear control measures in place to reduce the risk.

Judgment: Compliant

### Regulation 27: Protection against infection

This centre had a significant outbreak of COVID-19 in 2021. At this time, outbreak control meetings were held with input from experts in Public Health. Staff spoken with acknowledged the difficulties in supporting residents at this time including

reduced staffing. A risk assessment on reduced staffing had been completed to ensure minimal staffing in place was appropriate to meet the needs of all residents at this time. From discussions with staff members and management in the centre, it was evident that this outbreak was well-managed.

The designated centre had a contingency plan on the management of COVID-19 in the designated centre. However this contingency plan required updating to ensure it reflected the current and most up to date guidance in areas including isolation periods for confirmed cases of COVID-19 and visiting guidelines.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. A fire alarm panel and alarm system were in place. This was zoned to ensure staff members could quickly identify the location of potential smoke or fire. Staff members and residents had completed regular fire drills to ensure all residents could be evacuated safely in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were subject to an assessment of their health, personal and social care needs on an annual basis. Following this assessment, plans were put in place to address residents' care needs, and to provide guidance to staff members on how to support residents. Residents had access to a multi-disciplinary team of professionals in allied health and social care in line with their assessed needs.

Goals had been developed with residents. It was evident that goals reflected the wishes and choices of residents. For example, one resident's wish to live closer to their family home was documented as a goal in their personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

In line with the assessed needs of residents, behaviour support plans had been developed for residents. These plans were comprehensive and detailed to include proactive and reactive strategies to support residents to manage behaviour that is

challenging. These were developed with input of behavioural support specialists.

As a result of the needs of residents, a high level of restrictive practices were put in place to promote residents' safety. The person in charge completed a quarterly review of restrictive practices to ensure oversight of restrictive practices. Restrictive practice reduction plans were in place to ensure that restrictive procedures were enacted for the shortest duration required.

Judgment: Compliant

## Regulation 8: Protection

The inspector reviewed the management of allegations of suspected abuse in the designated centre. It was evident that when potential concerns were identified, an investigation was carried out and measures were put in place to ensure the safety of residents. Safeguarding procedures were enacted in line with national guidance on the safeguarding of vulnerable adults and the registered provider's own policy.

In response to an allegation of abuse in the designated centre, refresher training in the safeguarding of vulnerable adults had been provided to all staff.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 15: Staffing                               | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 34: Complaints procedure                   | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 12: Personal possessions                   | Substantially compliant |
| Regulation 17: Premises                               | Compliant               |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Substantially compliant |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 7: Positive behavioural support            | Compliant               |
| Regulation 8: Protection                              | Compliant               |

# Compliance Plan for Dane Lodge OSV-0007973

Inspection ID: MON-0032119

Date of inspection: 12/04/2022

## 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 12: Personal possessions  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 12: Personal possessions:<br>1. The Person in Charge (PIC) will continue to work with relevant stakeholders to ensure all individuals have full access and control over their personal monies, ensuring that bank statements are maintained on file to effectively manage and monitor their account balance.   |                         |
| Regulation 27: Protection against infection  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br>1. The Person in Charge (PIC) will ensure that all documentation relating to Infection Prevention and Control are reviewed and updated to reflect current National guidance, inclusive of isolation periods and visiting guidelines.<br><br>2. Updated documentation and plans shall be discussed with the staff team at the next monthly team meeting by the Person in Charge (PIC). |                         |

## 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 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Substantially Compliant | Yellow      | 27/06/2022               |
| Regulation 27    | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare                 | Substantially Compliant | Yellow      | 22/06/2022               |

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|--|---|--|--|--|
|  | associated infections published by the Authority. |  |  |  |
|--|---|--|--|--|