



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

Name of designated centre:	Macotar Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	14 June 2018
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0021587

About the designated centre

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

Macotar Lodge provides services to individuals with an intellectual disability and autism who have been identified as requiring a support level ranging from minimum to high, and also to people with a range of medical or physical needs. This service can accommodate male and female residents from the age of 18 upwards. The service provides a mixture of full-time residential care and planned, recurrent, short-term respite placements of varying durations. The centre is a single-storey house with a garden close to a rural village. Residents at Macotar Lodge are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member is on waking duty at night to support residents.

The following information outlines some additional data on this centre.

Current registration end date:	22/11/2018
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
14 June 2018	10:15hrs to 17:45hrs	Jackie Warren	Lead
14 June 2018	10:15hrs to 17:45hrs	Michael O'Sullivan	Support

Views of people who use the service

Inspectors met with six residents who lived in the centre.

Residents who spoke with inspectors said that they were very happy in the centre and enjoyed living there. They said that they got on well with staff, that they trusted them to look after them well, and that they felt safe. They also knew who was in charge and who they could tell her if they had any concerns or worries. Due to residents' communication needs, some residents did not speak with inspectors. However, inspectors observed that these residents were comfortable, relaxed, and happy in the company of staff, and in their environment.

Inspectors did not have the opportunity to meet with any residents' families during the inspection.

Capacity and capability

There were effective governance and management arrangements in place to ensure that the service delivered to residents was safe and of a good quality.

The person in charge was based in the centre and worked closely with residents and staff. During this inspection, and throughout this registration cycle, inspectors had found the person in charge to be very familiar with residents' care and support needs, in relation to both their health and social care.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents. Six-monthly audits of the service were being carried out on behalf of the provider. These indicated a high level of compliance and any issues required to improve the service had been addressed. The person in charge and staff carried out regular audits, including audits of residents' finances and medication management.

There was a clear and effective management structure in place in the organisation. The person in charge was supported by her line manager and there were support structures in the organisation such health and safety, and quality and compliance personnel. In addition, there were out-of-hours on-call management arrangements

to ensure that staff were supported at all times.

The provider had measures in place to ensure that there were enough staff to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling and safeguarding.

Overall, the management systems in place ensured a good level of compliance with the regulations, but some minor improvements to medication guidance and the insurance certificate were required and the management team made a commitment to address these issues promptly. Measures had also been taken by the provider and management team to address issues arising from the previous inspection of the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were found to be accurate. Furthermore, the provider's recruitment process ensured that all staff documentation, required under Schedule 2 of the regulations, had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding - in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived, or received respite services, in the centre.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records required under the regulations were maintained and kept up-to-date. Records were maintained in a clear and orderly fashion and were suitably stored. However, some improvement was required in relation to some records provided to guide staff in the administration of emergency medication. This presented a risk that some staff might not be clear about the protocol for the safe administration of this medication.

Judgment: Substantially compliant

Regulation 22: Insurance

There was a suitable and current insurance policy in effect for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was informative, described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and up to date copies of the statement were readily available in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that they were kept safe.

There was a good level of compliance with regulations relating to the quality and safety of resident care. During the course of the inspection, inspectors found that residents received person-centred care and support which ensured that they enjoyed activities suited to their preferences, capacities and assessed needs on

a daily basis. Residents had good access to and involvement with the local community and were encouraged and supported to maintain relationships with family and friends.

There were effective measures to enhance communication with residents. Communication plans had been developed and implemented as required, the use of assistive technology had been introduced, and there was a range of information available to residents in user friendly formats.

The centre suited the needs of residents. The house was clean, comfortably furnished and well-maintained, and there was a supply of assistive equipment to support residents to be as independent as possible. Residential residents had their own bedrooms, which were decorated to their preferences. There was adequate furniture such as wardrobes and other furniture where residents could store their clothing and belongings. There was one bedroom reserved for respite use, and this room was personalised prior to each respite change, with personal items, pictures and bedding introduced for the arriving resident. While, overall, the centre was suited to the needs of residents, the ventilation in a bedroom required improvement.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. These included up-to-date servicing of fire fighting extinguishers and the fire alarm system, internal fire safety checks, fire safety training and fire evacuation drills. Although there was evidence that evacuation procedures were known to staff and could be implemented in a timely manner, there was some improvement required to the recording of fire drills.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect. Some residents used bed rails and or lap belts for safety, but further risk assessment was required to ensure that their use did not present any safety risks to residents.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. In a sample of personal plans viewed, inspectors found that the achievement of residents' goals was not consistently managed. In some instances progress, in achieving person goals was being well-recorded and the goals had been achieved, or were in progress. Inspectors could see, and residents confirmed, that residents' goals were person-centred and suited to residents' wishes. However, some identified goals had not been progressed and there were no records to explain a rationale for this.

The provider had ensured that residents had access to medical and healthcare services to ensure that they received a good level of healthcare. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were arranged as required, in addition to other services, such as

chiropractic, dental and optical services. Plans of care were developed for residents' which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered.

There were safe medication management processes in place. Medication was suitably stored and administered, and staff had training in the safe administration of medication. All residents had been assessed for suitability to take control of their own medication.

Regulation 10: Communication

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in accordance with their own wishes. Furthermore, residents were supported to meet with and visit family and friends.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally. However, while the house was generally well ventilated, there was no form of ventilation to the external air in one bedroom. This had arisen as a result of a structural improvement that had recently been carried out in the centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food. Suitable foods were provided to suit any special dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, feeling safe, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable easy-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to ensure that risks were identified, monitored and regularly reviewed, and there were policies and practices to guide staff. In response to the findings of the last inspection, suitable measures had been taken to fully eliminate a risk that had been present at that time.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, fire containment doors, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills, and individualised emergency evacuation plans for all residents. However, while fire drills were being completed in a timely manner, the recording of some drills did not reflect the compartmentalisation arrangements that were in place in the centre. This presented

a risk that some of the learning from evacuations may not be accurately recorded for the purpose of learning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, there were safe practices in the centre for the storage and administration of medication. Staff had received training in the safe administration of medication and there was an up-to-date policy to guide practice. An assessment of capacity for self-administration of medication had been carried out for each resident. Residents had access to the services of a pharmacist in the local area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, there was a good standard of personal planning for residents. Personal plans, based on each resident's assessed needs, had been developed. Annual personal planning meetings, which included the resident or their representatives, were being held. Residents' personal goals were agreed at these meetings and were made available to residents in a user-friendly format. However, some personal goal records did not include specific time frames, named supports, or progress updates in achieving the goals. While many residents' goals had been achieved to the satisfaction of the residents, some goals had not been progressed.

Judgment: Not compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs. Since the last inspection, the person in charge had ensured that the recommendations of the physiotherapist for the delivery of therapeutic physiotherapy exercises had been provided to guide staff. Records of

the implementation of these recommendations were also being recorded.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges. However, improvement was required to the assessment of risk associated with the use of bed rails and lap belts.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents from harm or abuse. All staff had received training in safeguarding and there was an up-to-date safeguarding policy. Staff were very clear about the importance of keeping residents safe, and on responding and detecting abuse. Information on safeguarding was made available to residents, and there was a designated safeguarding officer in the organisation. Since the last inspection, the management of personal finances had been strengthened to protect residents from the risk financial abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
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	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0021587

Date of inspection: 14/06/2018

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>In relation to records for the administration of emergency medication, the PIC will discuss and make changes as appropriate with neurology department and pharmacy as necessary. On the 25th of June the cardex was reviewed and amended by Neurology Department to ensure clear instructions to guide staff.</p> <p>The PIC discussed record keeping at the staff meeting on 4th of July, also the PIC will continue to update staff on any changes in record keeping policy. The PIC will continue to ensure that records are kept up to date, and will undertake scheduled reviews of documentation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Approval has been granted for the necessary works to improve ventilation in a specific room. In the interim period PIC has purchased a fan and has brought this to the attention of all staff members and the doors are being opened as much as possible for extra ventilation.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC has reviewed and revised the CEEP (Centre Emergency Evacuation Plan) and PEEPS (Personal Emergency Evacuation Plan) to include compartmentalization arrangement.</p>	

PIC carried out fire drill with the fire champion with the new revised CEEP on the 24th June 2018. PIC discussed this at a resident's house meeting on the 24th June 2018 and staff meeting on the 4th July 2018 so that all are aware of the procedure to follow in the event of a fire. PIC to discuss the importance of efficiently recording fire drills. The PIC reviews both CEEP and PEEPS with staff team following each fire drill and amend as required.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The PIC will discuss PCP's and personal goals records at each staff meeting and analyze them utilizing a SMART (Specific Measurable Achievable Realistic Time) approach. PIC will continue to include personal goal progress in quarterly reports and discuss with staff in support meetings.

In the event that a goal is unachievable due to unforeseen circumstances PIC will review in a manner that ensures the maximum participation of resident's wishes.

Regulation 7: Positive behavioral support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:

The PIC will ensure that all restrictive practices will be discussed at annual case reviews and agreement sought on appropriate use of these restrictions.

Restrictive practices will continue to be submitted to the restrictive practices committee for each resident for approval as required.

Risk assessments will be updated on a scheduled basis, more often if required.

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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01 September 18
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25 June 18
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	04 July 18

	case of fire.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	IF	10 July 18
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	10 July 18
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	01 August 18