



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:	14 July 2020
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0029836

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.

Number of residents on the date of inspection:	6
--	---

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
Tuesday 14 July 2020	12:15hrs to 17:20hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with three of the six residents who lived in the centre, as other residents were not in the centre at the time of inspection.

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 specific communication needs, one resident did not speak with the inspector. However, the inspector observed that all residents were comfortable, relaxed, and happy in the company of staff, and in their environment.

Capacity and capability

The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. Overall, the provider and management team had addressed the issues that had been identified in the previous inspection report, and had been working to improve quality of life and safety for residents. However, some improvement to documentation guiding administration of medication was still required.

Six-monthly unannounced audits were being carried out on behalf of the provider, although the most recent of these audits had been carried out remotely. These audits were detailed, they identified areas where improvements were required, and action plans were developed to address these issues.

Overall, the provider had ensured that records were well managed. Records viewed were maintained in a clear and orderly fashion, were up to date and were suitably stored. However, some improvement was required in relation to some records provided to guide staff in the administration of emergency medication, as information in a care plan was not consistent with the information in the prescription. This presented a risk that some staff might not be clear about the protocol for the safe administration of this medication and increased the risk of medication error.

There was a variety of staff training and operational policies and procedures to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as medication management, administration of emergency medication and in feeding, eating, drinking and swallowing. A range of policies, including schedule 5 policies, were available to

guide staff, and were accessible in both hard and soft versions. All policies viewed during the inspection were up to date and informative.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre, and also for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant. The infection control plan included training in hand hygiene, use of personal protective equipment (PPE), the introduction of a detailed daily cleaning schedule and provision of a range of up-to-date information and guidance. Some staff had attended infection control training and it was planned for the remaining staff to attend this training within the coming week. The management team and staff demonstrated a commitment to protecting the health of residents and staff.

Since the last inspection the management team had made improvements to residents' personal emergency evacuation plans, personal planning and risk assessment for use of bed rails.

Overall there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 16: Training and staff development

Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 21: Records

Overall, the provider had ensured that records were well managed. Records viewed were maintained in a clear and orderly fashion, were up to date and were suitably stored. However, some improvement was required in relation to some records provided to guide staff in the administration of emergency medication. The absence of consistency guidance increased the risk of medication error.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern

the centre and to ensure the provision of a good quality and safe service to residents. Since the last inspection the management team had generally addressed issues identified at the inspection. However, a deficit in documentation had not been addressed and, while in progress, a premises issue had not yet been fully resolved.

Judgment: Substantially compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. All staff who worked in the centre had been tested for COVID-19 and all had received negative test results. Furthermore, the centre was maintained in a clean and hygienic condition, there was a cleaning programme in place and there were policies on cleaning and laundry practice. Although daily temperature checks were taking place, procedures in relation to this monitoring required improvement as they were not being carried out in line with national guidance and the organisation's own policy. However, the person in charge had commenced action to address this deficit during the inspection.

The provider had suitable measures in place to ensure that use of restrictive practice was safely implemented. Although the use of restrictive practice was not being used as a form of behaviour management in the centre, some residents used bed rails while in bed for safety. Assessments for use of bed rails, and any associated risks, had been carried out.

The centre was clean, comfortably furnished and suited the needs of the residents who lived there. While, overall, the centre was suited to the needs of residents, the ventilation in a bedroom required improvement. There was evidence that the provider had been working to resolve this matter and it was expected that the required remedial work would be completed in the near future.

The provider had ensured that there were effective measures to protect residents and staff from the risk of fire. These included internal fire safety checks, fire safety training and fire evacuation drills. Fire drills involving staff and residents had been carried out, including at night time when residents were sleeping. All evacuations had been carried out in a timely manner. Since the last inspection, personal emergency evacuation plans had been updated to more accurately reflect the layout of the building.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained and clean. However, there was no form of ventilation to the external air in one bedroom, although work to address this was in progress.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were strong measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout, hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received training in hand hygiene and use of PPE. However, while there were programmes in place for daily recording of staff and residents' temperatures, these were not being managed in line with national guidance and the organisation's own policy.

Judgment: Substantially 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 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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. The person in charge ensured that personal goal records

included specific time frames, named supports, or progress updates for achieving the goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had put suitable measures in place to manage the use of restrictive practices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially 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

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0029836

Date of inspection: 14/07/2020

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The individual care plan in place for the administration of Buccal Midazolam was reviewed and amended by Neurology Department to ensure clear instruction to guide staff in the administering of same.</p> <p>The Person in Charge will continue to ensure that records are kept up to date and will undertake scheduled reviews of documentation. Record keeping was also discussed at the staff meeting on July 29th.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in Charge discussed and reviewed the premise issue with the Manager of Ancillary Services on 17th of July. The timeframe for the work to be completed is the 15th August.</p> <p>The Person in Charge will oversee a schedule for the reviewing of documentation as required.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge discussed and reviewed the premise issue with the Manager of Ancillary Services on 17th of July and approval has been granted for the necessary works to be completed to improve ventilation in a specific room by the 15th August. In the interim a fan is being used and doors are being opened regularly to improve the ventilation.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge reviewed and updated daily recording of staff and residents' temperatures, in line with national guidance and the organisation's policy. The Person in Charge will continue to review documentation.</p>	

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	15/08/2020
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	29/07/2020
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.	Substantially Compliant	Yellow	15/08/2020
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	14/07/2020

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