



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

## Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	09 September 2020
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0029892

## About the designated centre

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

This is a service providing residential care and support to five adults. The house is located in rural location Co. Meath however, is in walking distance to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as go to college, go to shopping centres, hotels, shops and restaurants. The house is a large detached two storey bungalow, comprising a large well equipped kitchen, spacious dining room, a fully furnished sitting room/TV room, a laundry facility and very well maintained gardens to the rear and front of the premises. Each resident has their own en-suite bedroom which is personalised to their individual style and preference . There is ample private parking to the front of the property. The healthcare needs of the residents are comprehensively provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a full time person in charge, two deputy team leaders and a team of health/social care support workers.

**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 - 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
Wednesday 9 September 2020	09:30hrs to 15:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with and briefly spoke to two of the residents over the course of the inspection. Residents appeared happy and content in their home and very much at ease in the company and presence of staff. Staff were also seen to be attentive, caring and respectful in their interactions with each resident. Residents decided for themselves about what activities to engage in and these choices were respected by staff.

The inspector spoke with one staff member who was very familiar with the assessed needs of each resident. The staff member in question had worked in the centre since it had opened and was able to inform the inspector about the residents care plans and how best to meet their support needs. Systems were also in place to meet the healthcare needs of the residents and as required access to a range of allied healthcare professionals (to include GP services) formed part of the service provided.

The inspector observed that some residents had a keen interest in computers and this interest was being supported and encouraged by the staff team working in the centre. For example, residents were supported to attend a nearby college and were studying for accredited third-level courses in computers and information technology. Systems were also in place to meet the social care needs of the residents. For example, residents were supported to use local amenities such as shops, hotels and banks and transport was available for trips further afield to include outings and short holiday breaks.

While some compatibility issues were observed between residents (and are discussed in section 2 of this report: Quality and Safety), feedback from residents on the service provided was generally positive and complementary. For example, as part of the annual review on the quality and safety of care, residents reported that they were happy with the service, happy with the range of activities on offer, happy with the arrangements in place for visitors and happy with the care and support provided by the staff team.

## Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. This was reflected in the levels of compliance found across most of the regulations assessed as part of this inspection process. The model of care provided to the residents encouraged and supported their autonomy, choice and independence.

The centre has a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis with the organisation and was supported in their role by two deputy team leaders and the director of operations. The person in charge was a qualified social care professional however, was on leave at the time of this inspection. In turn, the inspection process was facilitated by one of the deputy team leaders with support from the director of operations. The inspector observed that the deputy team leader was responsive to the inspection process and was aware of the legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

The management team of the centre ensures resources were channelled appropriately which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector observed that staff were appropriately trained, supervised and supported so as they had the required skills to provide a responsive a service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety, manual handling, positive behavioural support and infection prevention control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner. However, it was observed that the actual staff rota required review as it was not being maintained as required by the regulations.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, a recent audit on the centre identified that key areas of the service required updating and/or review. This included how some complaints were being documented and recorded in the centre. By the time of this inspection these issues had been addressed (or there was a time bound plan of action in place to ensure they were addressed in a reasonable time frame).

Overall, residents appeared happy and content in their home and the management team had systems in place to ensure their assessed needs were met and provided for.

## Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staffing arrangements in place to meet the assessed needs of residents. However, it was observed that the actual staff rota required review as it was not being maintained as required by the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

From a sample of files viewed, the inspector observed that staff were provided with all the required training as required by the regulations . Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Infection Prevention Control.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Management systems were also in place to support and promote the delivery of safe, quality care services. There was an experienced person in charge in place who was supported by two deputy team leaders and the director of operations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The management team of the centre were aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health, emotional and social care needs were being supported and provided for. However, some compatibility issues between residents were ongoing at the time of this inspection which were impacting on aspects of the quality of care provided in the centre.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their community. Residents were also being supported to maintain and build on skills so as to maintain and promote their independence. For example, residents were being supported to develop independent living skills such as banking and budgeting, attend college and undertake a number of accredited third-level qualifications. Prior to COVID-19, residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents regularly frequented community based amenities such as hotels, shopping centres and restaurants. It was also observed that residents were being supported to maintain a healthy lifestyle and activities such as walking and swimming were being provided for, which residents very much enjoyed.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist, optician and dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had regular access to psychiatry, psychology and psychotherapy support. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required. There were some restrictive practices in use in the centre however, they were being reviewed as required by the regulations and were only in use to promote the residents health, safety and overall well being. It was also observed that residents had given written permission for the implementation of such restrictive practices.

From a sample of files viewed, staff also had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of



concern if they had to. Where required, safeguarding plans were in place which were reviewed and updated on a regular basis.

There were some compatibility issues between some residents at the time of this inspection. These issues had reduced in frequency over the last two months, had been risk assessed and were being addressed with the implementation of safeguarding plans. However, the inspector observed that at times, these compatibility issues could impact adversely on some residents rights with regard to their personal and living environment.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, they were provided with 1:1 staffing support and there was an 'on-call' system in place. This ensured that residents could maintain community based activities of interest in a safe manner. Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines and staff/resident temperatures were being taken every four hours.

There were systems in place to ensure all fire fighting equipment was serviced as required. The fire extinguishers were serviced annually and the fire alarm system (to include the emergency lighting) had been serviced in August 2020. Fire drills were being facilitated as required and each resident had a personal emergency evacuation plan in place.

Overall, residents reported to the inspector that they were very happy with the service, they felt adequately supported, their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for.

### Regulation 17: Premises

The premises were observed to be clean, well maintained, spacious, homely and suitably equipped to meet the needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Systems were in place to protect against infection and to mitigate against the risk of an outbreak of COVID-19 in the centre. Staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines and advice.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals with the support of multi-disciplinary professionals. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when

required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had access to psychiatry, psychology and psychotherapy support and had a multi-element behavioural support plan in place, which were updated and reviewed on a regular basis

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents health, safety and overall well being. It was also observed that residents had given written permission for the implementation of such restrictive practices.

Judgment: Compliant

### Regulation 8: Protection

From a sample of files viewed, staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. Where required, safeguarding plans were in place which were reviewed and updated on a regular basis.

Judgment: Compliant

### Regulation 9: Residents' rights

There were some compatibility issues on-going between some residents at the time of this inspection. These issues had reduced in frequency over the last two months, had been risk assessed and were being addressed with the implementation of safeguarding plans. However, the inspector observed that at times, this situation was not always respectful of residents rights with regard to their personal and living environment.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0029892

Date of inspection: 09/09/2020

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC completed a review of planned and actual rosters and going forward will ensure planned and actual rosters are maintained each week.( Completed)	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1) Residents are informed of their rights on a minimum 6-weekly basis via key working. (Ongoing) 2) Rights are discussed as part of the service users forum meeting at least monthly. (Ongoing) 3) Residents are supported where they wish in utilizing the National Advocacy Service. 4) Prior to the inspection a review of mix in the Centre was completed by PIC, DOO, Behavioral Specialist, Psychiatrist and Psychology Department, outcome was brought to ADT Meeting. One Resident has been identified to move to another Designated Centre due to impact. This move will be completed in consultation with this Resident and their Family. ( 18th December) 5) Centre Specific Safeguarding plan that was in place prior to inspection is reviewed when required with the PIC, DOO,MDT and Safeguarding Team.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	09/10/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	18/12/2020