



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Tower Lodge              |
| Name of provider:          | Health Service Executive |
| Address of centre:         | Mayo                     |
| Type of inspection:        | Announced                |
| Date of inspection:        | 17 August 2021           |
| Centre ID:                 | OSV-0005844              |
| Fieldwork ID:              | MON-0033335              |

## About the designated centre

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

Tower Lodge provides a residential support service to three people with a moderate to severe Intellectual Disability with an age profile of 49-69. The service accommodates both men and women. The people being supported also have secondary diagnoses, including autism, hearing Impairment and neurological conditions. Supports are provided seven days per week, based on the assessed needs of each resident. Staff support is available daily and is flexible to ensure people are able to attend events of their choosing as and when desired. At night, there is a waking night staff in place to support the residents. Tower Lodge is a large detached 3-bedroom home located in the outskirts of small town in Co. Mayo. Each person has their own bedroom. One bedroom has an en-suite bathroom; the other bedrooms have access to a sizeable communal bathroom. There is a large sitting room and kitchen/dining area and an additional toilet off the main hallway and also a separate utility room. The centre has ample parking space at the side and front of the property for visitors and a large garden with patio area for people to enjoy at the rear of the property.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 2 |
|--|---|

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 17 August 2021 | 9:00 am to 2:30 pm  | Ivan Cormican       | Lead    |
| Tuesday 17 August 2021 | 9:00 am to 2:30 pm  | Alanna Ní Mhíocháin | Support |

## What residents told us and what inspectors observed

In this centre there was evidence of a good quality, person-centred service that addressed the needs of the residents and promoted their independence. The governance and management of the centre ensured that the residents were in receipt of an individualised service that was in line with their healthcare needs and personal goals.

This centre consisted of two houses that are near to each other on the edge of a town. One house was occupied by three residents. The other was newly built and unoccupied but ready for four residents to move in. A COVID-19 sanitisation station was set-up at the front door and inspectors adhered to public health guidance on the prevention of infection of COVID-19 throughout the inspection. Both houses were clean and very welcoming. They were in very good structural and decorative repair. Each resident had their own bedroom that had been decorated to their own tastes. Both houses were fully accessible with level floors and wide doorways. There was adequate space in the bedrooms and communal areas for residents to move easily. Fire doors with self-closers were in place on all bedroom doors and into the communal rooms. The bathrooms were all level access with wetroom-style showers. The furniture in both houses was new and comfortable. The houses were personalised with artwork and photographs of the residents and their families. Each house had a bright, airy kitchen. There were pleasant smells of home cooked meals at lunchtime. There was a utility room in each house for the residents' use. Outside, there was space to sit out and the grounds were neatly kept. The provider had identified a trip hazard in one house and had brought it to the attention of the builder for repair before the new residents move in.

Inspectors met with two residents who live in the centre. One resident gave permission for inspectors to enter their room. Their bedroom was decorated with personal photographs and posters of their favourite interest. There was a television in the room. The resident reported that they were very happy in their home and with the staff. The resident spoke about their interests, activities, excursions and favourite foods. Inspectors met another resident who was seated in the kitchen. This resident chose not to speak with inspectors but appeared very comfortable and at-ease in their home. As this was an announced inspection, questionnaires were sent to the residents in advance of the inspection. These questionnaires indicated that residents were very happy in their home and with the service they received there.

Inspectors observed that the resident's rights were being upheld by offering and respecting their choices. Residents were included in decisions about activities in the house, for example, planning the weekly menu. Residents meetings were held every week and issues raised at these meetings were followed-up by staff.

Staff reported that residents' activities had been curtailed since COVID-19 restrictions but that activities had been planned in the house, for example, baking,

music and singing, mass on television and radio. Residents were also facilitated in visiting places that were meaningful to them and to go to beauty spots for walks. Staff had maintained contact with the day services that the residents had attended before COVID-19 restrictions. Staff from these services visited residents with activity packs at key times in the year. Residents were supported to maintain contact with their family through socially distanced visits, phone calls and video calls.

The residents seemed very comfortable with the staff. Staff interacted with the residents in a very friendly, warm and respectful manner. Residents and staff appeared relaxed and comfortable in each others' company. Staff were knowledgeable of the residents' likes, dislikes, interests and needs.

Overall, the inspectors found that the service provided was person-centred and of a good standard. The centre itself is a very pleasant home. Inspectors observed that the staff showed empathy and respect in all dealings with the residents and when they spoke about the residents. The residents were supported in their communication and daily activities. The residents' rights were respected.

The next two sections of the report 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 delivered to each resident living in the centre.

## Capacity and capability

There were management systems in place in this centre that ensured that residents were provided with a safe, consistent service that was appropriate to their needs.

There was a robust management structure in this centre. The inspection was facilitated by the person participating in management (PPIM) who had good oversight of the service and its administrative needs. There were clear reporting relationships within the service and staff stated that they were comfortable escalating any issues or concerns to the person in charge. The provider had completed unannounced audits and annual reviews as required by the regulations. Residents' questionnaires were included as part of these audits and an easy-read report on the audit findings was available. In addition, the provider had conducted their own audits regularly on various aspects of care and service delivery. Outcomes from these audits were recorded and there was evidence that actions were taken to address any issues identified.

The staffing arrangements were adequate to meet the assessed needs of the residents with a mix of nursing, social care workers and healthcare assistants employed. The number of staff on duty was sufficient to fully support the residents with their care and to meet their personal and social goals. There was continuity of service with a regular team of staff employed in the centre. Access to nursing support was available outside of regular hours if required. Mandatory staff training

had been provided and was up-to-date.

Inspectors also reviewed the provider's application to renew the registration of this centre as part of this inspection. The statement of purpose was in line with the regulation. However, the section relating to the organizational structure required some adjustment and this was amended by the PPIM before the end of the inspection. The residents' guide contained the required information and was available in an easy-read format with picture supports.

Inspectors reviewed the written policies and procedures for the centre. These were found to be in place and to have been reviewed within an acceptable time-frame. However, the provider had not included a policy on 'admissions' as outlined in the regulations.

Overall, this was a well-governed centre with practices in place to ensure that residents were in receipt of a good service that met their health and social care needs.

#### Registration Regulation 5: Application for registration or renewal of registration

Information submitted regarding the renewal of the registration of this centre was found to be in line with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements in this centre were adequate to meet the assessed needs of the residents. Nursing care was available as required. There was continuity of service with a regular team of staff working in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff training in mandatory areas was up-to-date. Staff supervision and support was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was robust oversight and governance in this centre. In addition to the annual review and unannounced audits required under the regulations, the provider had implemented a broad range of audits to ensure a quality service. There were clear lines of accountability and reporting structures in this centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had made preparations for new residents to move into this centre. The new residents were given an opportunity to visit the new house in this centre. The provider had plans in place to put a written agreement in place when the residents moved in.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in line with the requirements set out in the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The required policies were in place in this centre and were reviewed regularly. However, the provider did not have a policy on 'admissions' at the time of inspection.

Judgment: Substantially compliant

## Quality and safety



This was a well-governed service that met the care needs of the residents. Residents' wellbeing and welfare was maintained by a good standard of evidenced-based care and support.

The centre itself was a very homely and welcoming building that was suited to the needs of the residents. The centre was in very good decorative and structural repair. Residents had access to equipment to support their health needs, for example, profiling bed.

The health needs of the residents were well managed in this centre. Residents had robust health plans that were regularly updated and adjusted as appropriate. There was adequate monitoring of the residents' health care needs and evidence of input from a variety of health professionals. The provider had plans in place to allow a resident to isolate in their home in cases of suspected or confirmed COVID-19.

In addition to the comprehensive health care goals, residents' personal plans also contained social and personal goals that were regularly reviewed. A picture-based assessment form was available for each resident that covered a wide range of meaningful personal and social goals. The goals were reviewed regularly and included activities both in the home and in the wider community. Staff were knowledgeable of the residents' health and social needs.

Communication profiles and a description of the residents communication needs were present in the personal plans and staff were observed engaging and chatting with residents. Residents had access to television and tablet computers.

The residents' rights were upheld in this centre. Residents' dignity and privacy was respected with each resident having their own room. The residents were offered choice in their food, daily activities and how they liked to spend their day. These choices were respected by staff. The weekly residents meeting ensured that residents were able to be involved in the running of the centre with advocacy services as a standing item on the agenda. Residents were also registered to vote and there was evidence that the residents had been able to engage with local representatives about issues that mattered to them. The religious choices of the residents were respected with staff ensuring that residents could choose to attend Mass online, listen on the radio or attend in person when COVID-19 restrictions allowed. Restrictive practices in the centre were assessed by a rights committee, logged and regularly reviewed.

Residents' safety was protected in this centre. There was a safeguarding policy and staff were knowledgeable of the steps to take should any concerns arise. The provider had a robust risk register in place which identified risks relating to the overall service. In addition, there were individualised risk assessments for residents. There were control measures to reduce these risks and the risk assessments were regularly reviewed. Incidents were logged and there was evidence that clear actions were taken to avoid any re-occurrence.

Effective fire safety management systems were in place. There were measures to detect, contain and fight fire. The fire alarm, emergency lighting, fire detectors and extinguishers were regularly serviced and checked by an external fire management

company. Fire drills were conducted regularly under various conditions and at different times of the day. Each resident had a personal emergency evacuation plan. The PPIM provided assurances that new residents would practice a fire drill on the first day they move into the centre.

Residents had assessments to see if they were able and willing to manage their own medication. Medicines were kept in locked cupboards. A review of a kardex showed the necessary information and the dispensing record was fully complete and up-to-date. Staff were knowledgeable on the methods of dispensing medications. A medication management audit was conducted monthly and there were regular stock checks.

The provider had taken steps to reduce the risk of infection in the centre. COVID-19 sanitization stations were in place and staff were observed wearing appropriate personal protective equipment. There were routine hygiene audits conducted and weekly legionella checks. There were plans in place for isolation in cases of suspected or confirmed COVID-19.

Overall, this centre provided a good quality and safe service for the residents that supported their health care needs and their social goals.

### Regulation 10: Communication

Residents were supported to communicate by staff. Staff were knowledgeable of residents' communication needs and styles. Residents had access to television, radio, the internet and tablet computers

Judgment: Compliant

### Regulation 17: Premises

The centre was very homely and laid out so that it met the needs of the residents. There was adequate space and storage. The centre was fully accessible.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide contained the information required by the regulation and was available in an easy-read format with picture supports.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had completed all necessary audits and annual reviews. There was a comprehensive risk register in place in the centre with adequate control measures outlined to mitigate risk. Each resident had an individual risk assessment in place that was routinely reviewed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had taken adequate precautions to protect residents from the risk of infection. There were plans for residents and staff to isolate in the case of suspected or confirmed COVID-19. Regular hygiene checks were conducted as well as hygiene audits.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire precautions in this centre were well managed with fire prevention and detection equipment serviced and maintained. There were regular fire drills conducted under different conditions.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The centre had appropriate practices in place in relation to the management of medication. Assessments had been conducted to see if residents could manage their own medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed and there were comprehensive plans to address these needs which were reviewed regularly.

Judgment: Compliant

## Regulation 6: Health care

The health needs of the residents were well managed in this centre. Nursing care was available as required. There was evidence of input from a variety of health professionals as required by residents

Judgment: Compliant

## Regulation 7: Positive behavioural support

Restrictive practices in this centre were assessed by a rights committee, there was a clear rationale for their use, and they were put in place for shortest duration possible.

Judgment: Compliant

## Regulation 8: Protection

There were adequate safeguarding measures in place in this centre. Staff training in this area was up-to-date and staff were knowledgeable of steps to be taken in cases of concern.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents were upheld in this centre. Residents choice was facilitated

and respected. Residents were involved in the running of the centre. Their privacy and dignity was respected.

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                |
|--|-------------------------|
| <b>Capacity and capability</b>   |                         |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 23: Governance and management   | Compliant               |
| Regulation 24: Admissions and contract for the provision of services               | Compliant               |
| Regulation 3: Statement of purpose   | Compliant               |
| Regulation 4: Written policies and procedures                                      | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 20: Information for residents   | Compliant               |
| Regulation 26: Risk management procedures  | Compliant               |
| Regulation 27: Protection against infection  | Compliant               |
| Regulation 28: Fire precautions  | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | 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  | Compliant               |

# Compliance Plan for Tower Lodge OSV-0005844

Inspection ID: MON-0033335

Date of inspection: 17/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 4: Written policies and procedures  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Guideline on admissions reviewed and updated to a policy to include that MCL currently closed to external transitions and open to internal transitions from Aras Attracta site. This will be further reviewed in 6 months due to the de-congregation of the Aras Attracta site.</p> <p>All other schedule 5 policies reviewed and updated in intervals not exceeding three years.</p> <p>All schedule 5 policies are made available to staff and discussed regularly at morning handovers.</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).

| <b>Regulation</b> | <b>Regulatory requirement</b>  | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|--|-------------------------|--------------------|---------------------------------|
| Regulation 04(1)  | The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5. | Substantially Compliant | Yellow             | 17/09/2021                      |