



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

Issued by the Chief Inspector

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| Name of designated centre: | Drumiskabole Lodge |
| Name of provider: | Health Service Executive |
| Address of centre: | Sligo |
| Type of inspection: | Announced |
| Date of inspection: | 26 September 2023 |
| Centre ID: | OSV-0002602 |
| Fieldwork ID: | MON-0032570 |

About the designated centre

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

Drumiskabole Lodge is a designated centre operated by the Health Service Executive. The centre is located a few kilometres from a town in Co. Sligo and provides residential care for up to four adults, who are over the age of 18 years and have an intellectual disability. Each resident has access to their own bedroom, bathroom and kitchen facilities, shared communal areas and a large garden space. Staff are on duty both day and night to support the residents who live in this house.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|-------------------|------|
| Tuesday 26 September 2023 | 09:30hrs to 17:00hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

During this inspection, the inspector observed routines and interactions in the residents' day, records of their health, personal and social care and activities, and the home environment and support structures as part of the evidence indicating their experiences living in these houses. The inspector had the opportunity to meet and chat with three of the four people living in this designated centre, as well as meet with their direct support staff teams. The fourth resident was out for most of the day and retired to their bedroom on their return.

As this inspection was announced ahead of time, residents and their representatives were advised by the provider on what would be happening, and were invited to either meet with the inspector in person, or fill out surveys to express their experiences with the service. In response to this invitation, four resident surveys were completed. The inspector discussed with the provider the importance of capturing testimony from residents using their own words and their personal experiences, and avoiding staff using clinical jargon, and describing medical assessments and staff guidelines, in a document intended to capture the resident's opinions and feedback on the service they received. Through these surveys and from speaking with the inspector, the residents described when they had been doing recently such as activities in the community and trips around the country. Residents stayed in contact with their families on a regular basis, and enjoyed trips to the gym, going for walks and eating out at restaurants at the weekends.

During this inspection two residents went horse riding which they enjoyed, and were observed relaxing together watching television with their support staff in the afternoon. One resident was isolating in their bedroom during a period of respiratory illness. They were content to stay busy while in their bedroom, and staff had the appropriate personal protective equipment to drop in on them. The inspector observed staff making time to spend in this person's room to socialise and chat while this resident was isolating. Staff had a good knowledge of residents and their support needs, and supported residents who required communication support while including them in conversation. Interactions were respectful and friendly, and residents for the most part were comfortable and relaxed with their staff teams. The centre was resourced with an established team who had worked with these residents for a long time and had a good knowledge of their histories, interests, personalities and future goals.

One resident attended day services five days a week. The provider was in the process of exploring new opportunities such as social clubs and activity centres to support residents to pursue interesting and varied social outlets in the community. Some residents had recently taken a hotel break in Dublin and attended a gardening festival. The staff team were exploring further opportunities to have longer breaks away from the local area based on the interests and wishes of residents.

The residents' home was overall suitable in its design and layout for the number and

needs of residents. Recent bathroom renovations had made areas more accessible for residents' changing needs, and there had been some painting and flooring work done in the house to enhance effective cleaning and provide a pleasant and comfortable living environment for the residents. The residents were supported to take ownership of some household chores such as doing the laundry and taking out the bins. The residents had private bedrooms with sufficient storage for their belongings, and multiple options for communal areas in the house. The residents had access to a large garden space which featured a large polytunnel greenhouse in which residents grew lettuce, tomatoes and other vegetables they could use in house meals. One resident required modifications to their food and drink, and this was observed to be suitable in presentation to provide a mealtime experience which ensured the resident's safety while also providing them food which was visually appealing.

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.

Capacity and capability

The inspector found this centre to have a suitable management structure in effect, and a dedicated and knowledgeable front-line team supporting the residents in their day. The centre was resourced with a house and vehicle suitable for the assessed needs of residents. The front-line team commented positively on their support from the person in charge and their ability to raise concerns in the houses on their own or on residents' behalf. The provider had completed their unannounced six-monthly inspection of the centre and the inspector found evidence to indicate that the person in charge was following up on any regulatory deficits or quality enhancement objectives which fell under their remit.

The inspector observed evidence on ongoing proactive auditing to ensure the service was in line with regulatory requirements, provider policy requirements and continuous service development. Areas in which this continuous development was observed included training for staff members, prompt reporting of works required to the premises, new social opportunities of residents, complete records related to complaints raised, and enhanced access to additional vehicles where required.

The inspector observed documents and record keeping and found them to be kept under review as required. This included operational documents such as the statement of purpose and directory of residents, as well as information related to the resident experience, such as clear and easy-to-read terms and conditions of living in this centre, and assurances that complaints were being taken seriously.

Regulation 15: Staffing

The inspector was provided evidence of staffing needs review being conducted following a change in the residents' support requirements, with the worked rosters indicating that the requirements of said review had been implemented. The centre was actively recruiting to fill two whole time equivalent staff posts. However, records and discussion with residents and staff provided evidence to indicate that support continuity was maintained through consistent relief staff and overtime hours until these roles were filled permanently.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was readily available and kept up to date with recent changes such as hospital transfers.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance arrangements in place for this service.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was appropriately resourced for the number and assessed needs of the residents.

The provider maintained a quality improvement plan which collated actions or service development objectives as identified on centre audits, regulatory activity, provider inspections and external reviews, with notes on outstanding actions and their current status.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had a written and signed contract, in format with which they could engage, which outlined the terms, conditions and charges associated with their residency.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, containing all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider maintained a record of verbal and written complaints raised in or about the designated centre. There was a record of the details of the complaint and the actions taken to resolve the matter, and complaints were not closed until the provider was assured of whether or not the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

In the main, the residents were receiving support which was appropriate to their

assessed needs. Staff were familiar with residents' assessed support requirements related to behaviour de-escalation, safe eating and drinking, and access to meaningful and varied activities and outings.

The inspector observed good examples of person-centred and choice-led support for residents. The team supported residents to go horse riding, out for walks, to the gym, to their appointments and exercise sessions, as well as to hotel breaks and special events. Where it was identified that some residents could be more active outside of the centre, staff described some initiatives and new opportunities which were being explored with the resident to facilitate more varied and meaningful engagement.

Residents were in receipt of evidence-based and person-centred supports in areas such as safe eating and drinking, maintaining a low arousal environment, engaging in positive risk taking, and participating in household jobs such as gardening and laundry. Some improvement was required in ensuring that residents' money being locked away by staff was the control measure most proportionate to the level of assessed risk, and that the potential capacity for further education and autonomy, as observed in assessment tools, was accompanied with an associated support plan.

Risk assessments related to different settings such as communal areas and vehicle had been carried out to identified potential risk related to peer compatibility following some incidents of risk behaviour. The inspector observed plans identifying how each resident was protected from potential harm in different scenarios. Where residents required physical interventions or holds, as a last resort option to deescalate harmful incidents, there was detailed and evidence-based guidance readily available to staff to reduce the potential for inconsistent or disproportionate implementation of these measures.

Some review was required to ensure that medicines were administered as instructed in the prescription sheet. However overall, staff demonstrated appropriate practices in storing, refrigerating, recording and disposing medicines. Staff were also provided appropriate guidance and resources to facilitate safe eating, drinking and swallowing support with the appropriate input from the multidisciplinary team.

Regulation 12: Personal possessions

Residents had access to and control of their belongings and clothing and were supported to do their own laundry. Residents had adequate storage space for their belongings and were supported to decorate their living spaces per their wishes.

Residents were assessed for their understanding of personal money, with the tool for same identifying potential for enhanced capacity with appropriate supports. However there were no active plans to support and educate residents to manage their financial affairs, in a manner which optimised their access and autonomy with a personalised level of support.

Bank account statements were not readily available to the provider for review and reconciliation in line with the provider's policy. As such, the provider could not demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided appropriate access to facilities for occupation and recreation at home and in the community. The inspector observed evidence of how the staff and management were working with the residents to explore new social and travel opportunities in accordance with their interests and wishes.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to food, drink and dining implements which were suitable for their assessed needs. Where residents required modifications to their food or fluids due to identified risks, the guidance on their use was readily available to staff.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available at the centre which contained all information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had made environmental changes to the designated centre as required to ensure that areas such as kitchen and bathroom surfaces and floors could be more effectively cleaned and sanitised. Staff used a flat-mop system which allowed for daily cleaning of mop heads between uses. Residents' vaccination status against infectious illness was readily available to staff. At the time of inspection, there was

an active infection risk for which the staff and residents were supported to follow appropriate precautions to keep themselves safe.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescriptions for ongoing, short-term, and PRN (administered only when required) medicines were clearly outlined to staff and appropriately stored or refrigerated in the designated centre. In the sample reviewed of residents prescriptions and administration records, the inspector observed that not all medicines were being administered as they were prescribed. Some review was required to ensure the appropriate oversight of single use medical devices.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of positive behaviour support plans and guidance to staff in maintaining a safe environment and protecting residents and themselves during incidents of risk behaviours. Plans were detailed and had appropriate input from the behavioural specialist. While prescribed last-resort physical interventions were rarely utilised, the guidelines on their use were relevant to the resident and level of risk, and facilitated consistent and least restrictive practice.

Judgment: Compliant

Regulation 8: Protection

Where safeguarding incidents and concerns arose in the designated centre, the provider conducted investigations into the matter and where necessary developed safeguarding plans to keep people safe going forward. Risk assessments related to peer residents being together at home, when travelling or when in the community were conducted to ensure any potential safeguarding risk was identified, assessed and controlled.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 22: Insurance | 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 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Drumiskabole Lodge OSV-0002602

Inspection ID: MON-0032570

Date of inspection: 26/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>In order to achieve compliance with Regulation 12: Personal Possessions, the following actions will be undertaken;</p> <ul style="list-style-type: none"> • The Human Rights Committee (HRC) convened on 18/10/23 to discuss the level and nature of supports required to empower residents to have optimum choice and autonomy in relation to the management of personal finances and possessions within the service. • Financial competency assessments and evaluations have been reviewed and updated for each resident in the designated centre. • Where it has been identified in the financial competency assessment and evaluation that the resident has marginal/ emergent competence, capacity building will be provided to develop the resident’s education and skills to manage their money as independently as possible. Each resident will be supported to develop their skills in managing their own money, considering all options available to them, having regard to their different needs for support. Evidence of the programme undertaken will be documented in the residents person centred plan. • An easy read financial passport has been completed with each resident outlining how their money is managed while in the designated centre. This is signed by the resident where reasonable practicable. • A risk assessment is completed if it has been identified that the resident is not in a position to, or requires support to manage their money detailing the controls in place to safeguard the resident and prevent financial abuse. • The provider maintains detailed financial accounts for each resident in the centre and all account entries are checked, balanced and signed by two staff members as a precautionary measure at the start of each shift. • As part of the CH CDLMS audit schedule, a financial audit is completed on each residents accounts monthly by the person in charge of the designated centre. • Bank account statements have been requested from a family representative and the finance office to review and reconcile accounts. | |

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| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>In order to achieve compliance with Regulation 29: Medicines and pharmaceutical services, the following actions will be undertaken</p> <ul style="list-style-type: none"> • A supply of syringes has been received from the pharmacy. Syringes will ordered from the pharmacy as required and stock will be maintained in the centre going forward. • All syringes used for medication measurement and administration are single use. • After each use, syringes are disposed of in a safe manner. • A review of all medication kardexes has taken place and medication is in stock as prescribed. • All other medications have been returned to the pharmacy in line with the provider policy on medication management. Completed 10-10-23 | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as | Substantially Compliant | Yellow | 10/10/2023 |

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| | prescribed to the resident for whom it is prescribed and to no other resident. | | | |
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