



# 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:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0004826
Fieldwork ID:	MON-0039035

## About the designated centre

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

This designated centre provides a residential service. The service is currently registered to provide residential services to a maximum of two residents. Each resident is provided with their own largely self-contained section of the house. Each resident has en-suite facilities in their bedroom and a separate bathroom is also available. A social model of care is provided and the staff team is comprised of social care workers and support workers; staff are present in the house at all times. Responsibility for the day to day management of the service is assigned to the person in charge supported by the lead social care worker. The service and the support provided are based on the principles of individualised service design, are tailored specifically to meet individual needs as identified through the person centred planning process.

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

Number of residents on the date of inspection:	2
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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
Wednesday 19 April 2023	10:30hrs to 18:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken by the Health Information and Quality Authority (HIQA) to monitor the provider's level of compliance with the regulations and standards. The provider had also submitted to HIQA an application seeking changes to the conditions of registration attached to the service. Overall, the inspector found that this was a well-managed service and much improvement was noted in the quality and safety of the service provided to each resident. The provider generally met the requirements of the regulations but some action was required for some areas to be fully compliant. For example, improvement was needed in the systems for recording the management of risk. The provider also needed to ensure that its formal systems of quality assurance were implemented in line with the requirements of the regulations as they were not on schedule.

Two residents are in receipt of a residential service but the provider wished to reconfigure the service and add another residence to this service. Two residents live in that other house. While this inspection was conducted in one house and the findings generally relate to that house, the inspector also visited the other house and so had the opportunity to meet with all four residents.

On arrival at the first house both residents were at their off-site day service and the person in charge was in the process of concluding a staff team meeting. The inspector met and spoke with the staff members in attendance. They were well attuned to the needs and wishes of both residents including a resident very recently admitted to the service. The staff spoken with had no concerns about the ability of these two residents to live compatibly together. The staff were satisfied that the staffing levels and arrangements in place were safe and appropriate to the assessed needs and wishes of the residents.

The inspector noted that the house looked very well and while not fully complete a programme of refurbishment and redecoration had been undertaken in consultation with both residents. The person in charge said that since the last HIQA inspection infection prevention and control was one area prioritised for improvement. All areas of the house presented as very clean, tidy and organised while still homely and reflective of the individuality and choices of both residents. There was good awareness of infection, its detection and control.

When both residents returned to the house in the afternoon they were very open to meeting and speaking with the inspector. There was discussion of home and family, of the interests and activities they enjoyed in their day service, in the house and in the community. On the evening of this inspection both residents were looking forward to attending a local concert supported by staff. There was a sense of community and meaningful community engagement. For example, the local cleric called to the house during this inspection to visit the residents who were seen as parishioners. Religion and expression of their religious beliefs was important to both residents in different ways. One resident was looking forward to an upcoming trip to

Lourdes supported by a family member. The atmosphere in the house was relaxed and happy. There was an easy but respectful relationship evident between residents and the staff members on duty. Both residents said that they were happy and that life was grand.

The person in charge was clearly able to describe how they planned, delivered and monitored the care, support and services that were provided to each resident in consultation with the residents, the staff team and resident's representatives as appropriate. The person in charge was aware of the areas where some improvement was still needed.

Overall, the provider had the arrangements needed to meet the needs and choices of each resident. Residents were consulted with in relation to any changes planned to their service. For example, the inspector was advised that both residents living in the other house were aware of the changes planned by the provider. The inspector called to the house and met with both residents. The residents were in great form and confirmed they were happy with the changes proposed as the provider had assured them that their current routines would not change. They were looking forward to new opportunities they may have as a result of the change such as having the use of a gardening space and poly-tunnel.

Both residents had strong family and community connections developed in their current home. Residents confirmed that they continued to undertake jobs such as window cleaning and grass cutting and volunteered in their local church. Residents used their phones and photographs to share with the inspector the importance of these family connections and events that were important to them and that they enjoyed. Residents are strong advocates for themselves and were delighted with the new transport that had been provided for their use. One resident showed the inspector the certificate they had received on completion of an on-line information session on the pending assisted decision-making legislation. Both residents said that they were happy and had no matters of concern that they wanted to discuss with the inspector.

Both groups of residents were well able to articulate any concerns they did have or any topics that they did not want to discuss. For example, in both houses residents commented on the inspector's wearing of a face mask. One resident was concerned that there was somebody sick indicating their understanding of the use of face masks and their experience of the COVID-19 pandemic. Residents said that they were delighted that the generalised use of face masks by staff members was no longer required.

In summary, these inspection findings reflected a service that was operated within the requirements of the regulations while also promoting and respecting the individuality and rights of each resident. There was much evidence of improved support and care but at times this was not adequately captured or adequately reflected in records seen such as the risk register.

The next two sections of this report will describe the governance and management systems in place and how these ensured and assured the quality and safety of the

support and services provided to residents.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider demonstrated a much improved and a good level of compliance with the regulations. However, while it was evident that the quality and safety of the service had improved and was consistently monitored on a day-to-day basis, some formal quality assurance systems were not on schedule.

The person in charge supported by a social care worker was responsible for the day-to-day management and oversight of the service. There were changes planned. These changes included the addition of another residence as referred to in the opening section of this report as well as a restructuring of the current management structure. The inspector was advised that there was a plan for these changes that included proposed roles, responsibilities and reporting relationships.

It was evident from discussion and records seen that there were formal and informal quality assurance systems to monitor and improve as needed the care and support provided to each resident. For example, the person in charge described the actions taken to address the action plan that had issued from the last HIQA inspection and internal reviews. However, formal reviews such as the six-monthly reviews required by the regulations while in progress were not completed on schedule.

Staffing levels and arrangements were based on the assessed needs, abilities, risks and preferences of the residents. Good oversight was maintained of staff attendance at mandatory, required and desired training.

## Registration Regulation 8 (1)

The provider submitted a complete and valid application seeking a variation to the conditions of registration attached to this centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role. The person in charge had other responsibilities but it was evident from these inspection findings that the person in charge was consistently and effectively engaged in the planning, management and oversight of this service. Staff spoken with confirmed the accessibility of and the support and guidance provided to them by the person in charge.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge could clearly articulate how staffing levels and arrangements were based on the assessed needs of residents individually and collectively. The provider had an ongoing process of recruitment. While there had been some staff turnover the staff rota demonstrated good consistency of staffing and some staff had worked in the service for many years. The staff rota was well-presented, identified each staff member on duty and the hours that they worked. Residents were clearly familiar with and spoke positively of the staff members on duty.

Judgment: Compliant

### Regulation 16: Training and staff development

Good oversight was maintained of staff attendance at training such as in fire safety, safeguarding, responding to behaviour that challenged and manual handling. Based on the inspectors review of staff training records the training deficits found at the time of the last HIQA inspection were addressed. The person in charge completed formal staff supervisions, convened regular staff meetings and was present in the centre to supervise and guide staff. The person in charge told the inspector that the staff team were open to any changes and improvements needed. The training available to staff included modules facilitated by HIQA such as in infection prevention and control and the promotion of residents human rights.

Judgment: Compliant

### Regulation 23: Governance and management

The provider demonstrated an improved level of compliance with the regulations. Improvement was noted in the application of systems that underpinned the quality and safety of the service such as the assessment and ongoing review of resident's

needs. While changes were planned, these was a clearly defined management structure and clarity on individual roles and responsibilities. Management systems were in place that ensured the quality and safety of the service was consistently monitored both formally and informally. For example, the inspector reviewed quality assurance systems in relation to health and safety, accidents and incidents, medicines management and infection prevention and control. However, while the provider had completed two six-monthly quality and safety service reviews, there was a nine month gap between these reviews and the report of the most recent review completed in February 2023 was still awaited.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed and amended by the provider to reflect any changes that occurred. The statement of purpose contained all of the required information such as the arrangements for dealing with complaints and the criteria used for admission to the centre. The statement of purpose was available in the centre.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider had the arrangements in place to meet the needs of each resident. Residents were consulted with and had input into the care and support they received. Much improvement was noted in the systems that underpinned the quality and safety of the care and support provided. There was scope for further improvement in risk management and fire safety.

The inspector saw that a comprehensive assessment of resident needs had been completed to ensure the provision of a service that was appropriate and safe. The assessment, the personal plan and the support and care provided continued to be reviewed by the person in charge and the staff team as staff became familiar with the resident or their needs changed.

The occupancy of the centre and the range of needs met had changed since the last HIQA inspection. This had reduced the level of risk that presented and the need for controls such as restrictive practices. The person in charge reviewed incidents as they occurred and collectively each quarter to assure the appropriateness of their management or to identify any trends or any improvement needed. There were other risks and new risks to be managed so as to ensure and promote resident

safety. All of these risk assessments were not yet in place and a full review of the risk register was required.

Based on the records seen staff maintained good oversight of residents healthcare needs and the care provided was informed by input from the multi-disciplinary team (MDT). Staff spoken with had good knowledge of the supervision and support needed by both residents.

Residents were provided with a comfortable and well-maintained home. Each resident had adequate personal space and space to spend time alone. Each resident largely had their own self-contained area of the house. Staff spoken with said that while residents were happy to spend time together they were respectful of the others personal space.

The day-to-day management and oversight of fire safety was good. For example, equipment such as the fire detection and alarm system was appropriately inspected and maintained. Staff completed daily checks of fire safety measures and there was a schedule for the completion of simulated evacuation drills by staff. However, improvement was needed in the recording of these drills and a review was needed of the residual manual locks on the external doors.

As discussed in the opening section of this report both residents had access to home and family and were active participants in their local community.

### Regulation 10: Communication

Residents gave a good account of what life was like for them, how they spent their days and evenings and plans that they had. Residents had good access to a range of media. For example, residents used their personal phones to support their conversations with the inspector.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on visits other than controls to reduce the risk of the accidental introduction of infection to the centre. Residents were supported to have ongoing access to home and family.

Judgment: Compliant

### Regulation 13: General welfare and development

The care and support provided had regard for each residents assessed needs, abilities and choices. Residents described the opportunities that they had to be meaningfully engaged in activities of their choosing and this was obviously very important to them. Residents attended the providers local day service or were supported by staff to attend and participate in activities, local events and organisations of their choosing. Two residents enjoyed completing craft-work and there was evidence of this in their home. Residents were supported to maintain their personal relationships and links that they had developed with the wider community.

Judgment: Compliant

### Regulation 17: Premises

A programme of refurbishment and redecoration had been completed since the last HIQA inspection and the house presented very well. Each resident had been consulted with in relation to their choices and preferences. For example, one resident and a staff member described how they had chosen a particular item of furniture and its arrival was awaited. While there were mobility and other needs to be considered this did not detract from the homely presentation of the house and, the design and layout of the house was suited to these needs.

Judgment: Compliant

### Regulation 18: Food and nutrition

Staff maintained a record of the meals and snacks provided to each resident. These records reflected different choices and good variety. Residents could if they wished participate in the preparation of their meals and also had the opportunity to participate in specific purpose cooking programmes. Records reflected the choices made by residents such as if they wished to share a particular meal. Staff sought to support residents to make good lifestyle choices.

Judgment: Compliant

### Regulation 26: Risk management procedures

From what was discussed and observed it was evident that there were

arrangements in place for the assessment, management and review of risk. For example, falls risk assessments had been completed and input such as from occupational therapy had been sought. Controls such as staff supervision and the provision of a specific type bed were in place. Further input and modifications were planned. However, this practice was not consistently reflected in the formal risk register and the register of risks required a full review and update. For example, some risk assessments such as in relation to the use of restrictive practices were no longer relevant. Some specified falls prevention controls were generic and not relevant to the specific falls risk or the controls implemented in practice. A further example, was the discrepancy between two protocols in place for responding to a medical need and the administration of a rescue medicine.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

All areas of the house presented as visibly clean, tidy and organised. A colour coded system of cleaning was in use and from what was observed by the inspector it was correctly implemented in line with the providers infection prevention and control policy. For example, the mops were colour coded, washed and hung to dry. The utility area was clean and tidy with segregated areas for the management of clean and dirty laundry. Staff and residents were aware of the recent changes made to infection prevention and control policy. Arrangements for the detection and management of preventable infection continued to be implemented however. For example, there was a sanitising station in the main hall and a record of staff symptom declarations. Staff confirmed that they continued to monitor each resident for signs of possible infection and the outbreak plan was recently updated.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a schedule in place for the completion of simulated evacuation drills in which staff members and residents participated. The inspector reviewed the records created following the three most recent simulated drills. There were no recorded obstacles or challenges to evacuation but the names of the resident or residents who had participated in the drills were not recorded therefore the drill record was not a definitive record of which resident had been present such as the most recently admitted resident. Good provision was made for escape routes and final exits. For example, there was an external door in each bedroom. All doors had manual key locks and proprietary key boxes were in place. However, each lock had a different key. This required review and a risk assessment in relation to the ongoing need for the manual locks and the risk of any delay to evacuating or gaining access to the

house in the event of an emergency.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of needs had been completed prior to admission to ensure the centre was suited to meeting the residents needs and to establish that the provider did have or would have the arrangements needed in place. For example, the inspector saw that suitable fittings and furniture had been provided. Residents and their representatives were consulted with and had input into the personal plan and decisions about their support. The person in charge and the staff team continued to review the personal plan as they gained more knowledge of resident needs and preferences. The person in charge was in the process of presenting each resident's personal goals and objectives in the recently implemented Personal Outcomes Measures (POM's) format.

Judgment: Compliant

### Regulation 6: Health care

The assessment of each resident's needs included an assessment of their healthcare needs. Plans of care were put in place in response to the findings of the assessment. The person in charge ensured that residents had access to the clinicians and services that they needed such as their general practitioner (GP), psychiatry, neurology, optician, dentist and occupational therapy. Staff maintained a record of each referral and review. Residents were provided with information such as in relation to national screening programmes and were supported to avail of interventions such as seasonal influenza and COVID-19 vaccination. The oversight of residents healthcare needs included a review of the effectiveness of any prescribed medicines.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The range of needs that were supported in the service had changed since the last HIQA inspection. The risk of and the risk from behaviour that challenged was significantly less. However, all staff had completed training including training in de-escalation and intervention techniques. Given the reduced level of risk there were no

restrictive practices in use. The personal plan did include a positive behaviour support plan and this was in date.

Judgment: Compliant

### Regulation 8: Protection

All staff had completed safeguarding training. The format of training had reverted to face-to-face training. The contact details of the designated safeguarding officer were prominently displayed. Safety and how to stay safe was discussed with residents in the house and in the day service. From the discussion the inspector had with one resident it was evident that they knew the difference between right and wrong. Both residents had a personal and intimate care plan. The plan detailed the preferences of each resident and the person in charge confirmed that these were facilitated. There were no active safeguarding concerns or safeguarding plans.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector was satisfied that this service was planned and operated with due regard for the individuality and rights of each resident. For example, the assessment of needs completed prior to admission was framed in the context of the residents ability and right to express their opinions and choices and to contribute to the planning and delivery of their service. As discussed already in this report residents were consulted with in relation to the changes planned by the provider. Residents were consulted with when there was a planned admission to their home. Residents had access to and participated in advocacy services and were good self-advocates. Where expression of their religious beliefs was important to them this was respected and residents were actively supported in this regard. The records reviewed and the practice observed was respectful, kind and person-centred. It was planned that all staff would complete training in human rights to consolidate their knowledge and practice.

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
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 The Lodge OSV-0004826

Inspection ID: MON-0039035

Date of inspection: 19/04/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider has issued schedule for 2023 completion of unannounced visits to the designated center.</p> <p>The person in charge will ensure the assigned person completes the visit before the 14th of August 2023 and provides a written report in relation to the findings before 31st August 2023.</p> <p>The outstanding written report on the safety and quality of care and support and the plan to address actions arising from it will be in place at the center 31/05/2023.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The measures and actions in place to control risks identified will be reflected in the risk register. The risk register will be reviewed and updated to ensure all assessments are specific and ongoing actions taken are added as they are taken. 31/05/2023</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p data-bbox="172 208 1437 353">Outline how you are going to come into compliance with Regulation 28: Fire precautions: A risk assessment in relation to the ongoing need for manual locks which could delay evacuation or gaining access to the house in an emergency will be put in place 31/05/2023.</p> <p data-bbox="172 398 1437 510">An identified mitigation to the above mentioned risk will be the installation of master locks ensuring a more adequate arrangement for the means of escape and evacuation of the center.</p> <p data-bbox="172 510 1437 555">Locks, which can be opened with a master key, will be installed for all doors. 30/06/2023</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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	14/08/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	31/05/2023

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/06/2023