



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

## Issued by the Chief Inspector

Name of designated centre:	Whitmore Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	30 March 2023
Centre ID:	OSV-0005811
Fieldwork ID:	MON-0039214

## About the designated centre

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

Whitmore Lodge is an eight bedroom unit situated on a campus based setting in Co. Louth. The centre can support eight male and female adults who require nursing support due to changing medical needs. The centre is nurse led 24 hours a day. Health care assistants also play a significant role in supporting residents here. There are six staff allocated to work during the day with residents and three staff at night time. Household staff also work during the day. The person in charge is a qualified nurse and although they are responsible for one other centre, there is a clinic nurse manager in place to assist with the oversight arrangements in place. Residents are supported to access community facilities in line with their assessed needs. A bus is available to residents. Other activities are available in the centre which includes reflexology and music therapy. This centre has also been approved as a learning environment for student nurses.

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

Number of residents on the date of inspection:	7
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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
Thursday 30 March 2023	10:00hrs to 16:30hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Following an inspection of this centre in January 2023, the registered provider was requested to attend a meeting with the chief inspector to discuss the findings from that inspection. A warning letter was issued which outlined a time-frame by which the registered provider was required to come into compliance with the regulations and standards. This inspection was conducted to follow up on the providers compliance plan submitted following the last inspection, and the response to the warning letter issued.

From meeting with residents, observing staff interacting with residents and reviewing documents it was evident there had been significant improvement in the quality of life for residents since the last inspection. Some improvements were still required in staff training, risk management and governance and management arrangements to ensure ongoing compliance with the regulations.

On arrival to the centre most of the residents were up and engaged in some activities. Two staff were now assigned each day to ensure that residents had access to a meaningful day. Residents were observed throughout the inspection engaging in activities. Some areas in the centre had also been modified to provide space for residents to engage in activities. For example; the conservatory area was now being used to do arts and crafts and gardening. Another room was now been used as a relaxation room where residents could have foot spas or massages. Residents were observed using this on the day of the inspection.

A coffee dock in the centre had also been redesigned which made it more accessible for residents with mobility issues. Residents and staff were observed sitting interacting and listening to the residents favourite music while enjoying a beverage of their choice. The beverages included coffee, herbal teas, soft drinks and some alcoholic beverages that some residents enjoyed.

This area was also been used to enable residents to bake while the registered provider was in the process of redesigning the kitchen area to ensure that it was wheelchair accessible, and also with a view to preparing all residents meals on site. This would enable residents to become more involved in meal preparation but also provide a more homelike environment for residents. This kitchen was due to be completed by the end of April 2023.

Since the last inspection, a second vehicle had been purchased which enabled residents to access community facilities. The residents were now attending community amenities like the hairdressers and barbers routinely. One of the residents went out on the afternoon of the inspection.

One resident enjoyed bird watching and on the morning of the inspection was out for a walk with staff recording the birds they had observed. This resident was a member of a bird watching group and also enjoyed feeding the birds in the back

garden area.

The inspector also observed residents on the day of the inspection, making decorations for Easter with staff. Residents and staff had also had a party to celebrate international women's day and the inspector saw pictures of residents and staff enjoying cakes and drinks. on the day.

Residents also had developed some meaningful goals for the coming months. For example; one resident was going on a family holiday in the coming days. Another resident was establishing links with family members and a number of electronic devices had been purchased so as residents could contact family members.

At the last inspection the premises and infection prevention and control were found not compliant. This was mostly due to the large amount of maintenance work that needed to be completed. On a walk around of the centre, the inspector observed that this work had been completed and plans were in place to complete some other works by April 2023.

The premises were clean, homely and residents appeared relaxed in their home. Each resident had their own bedroom and since the last inspection some residents had done up their bedrooms. One resident showed the inspector their newly painted room and curtains which they had chosen. Another resident now had a voice generated device in their bedroom which allowed them to choose when they wanted to listen to their favourite music. The inspector found there was a relaxed and pleasant atmosphere in the centre, and residents appeared comfortable and happy in their home.

Improvements had been made to making information more accessible to residents. For example; the person in charge had converted the Statement of Purpose for the centre into a picture format and each picture had a voice recording of what they meant. The person in charge informed the inspector that they intended to develop this further.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

## Capacity and capability

This inspection was carried out as a follow up to an inspection of this centre in January 2023. At that time the centre was not adequately resourced or managed to ensure that residents received a safe quality service. In addition, the registered provider did not have effective governance and management arrangements in place,

which contributed to a significant number of regulations being not compliant.

Overall on this inspection, the inspector found that, the provider had implemented the actions from the compliance plan submitted which was, contributing to positive outcomes for the residents living in the centre. However, some minor improvements were still required in staff training, governance and management and risk management. Some actions were still due to be completed from the last inspection but this was in line with the time frames outlined in the compliance plan submitted. For example; the kitchen was due to be remodelled by the end of April 2023.

The actions taken by the provider are discussed in more detail under the relevant regulations.

The governance and management arrangements in the centre had improved since the last inspection. The person in charge was now employed full time in this centre and only had responsibility for this designated centre. The person in charge reported to the assistant director of nursing and since the last inspection, numerous meetings had been held to discuss the quality and safety of care of the residents.

Actions from audits had been addressed or plans were in place to address them. From a review of other records including staff meetings and the annual review for the centre, the inspector found that some improvements were required to ensure that there was clear lines of accountability in relation to who was following up on some actions or how they were being followed up. For example; one family member stated that they would like a seating area provided on the grounds of the campus, where they could sit with their family representative. There was no plan in place to support how this was being addressed.

The staffing arrangements had been reviewed to ensure that residents had access to meaningful activities. For example; staff no longer took unpaid lunch breaks which meant that residents could go on community outings without being impacted by staff's breaks. Two staff had also been assigned each day to ensure that residents were engaged in meaningful activities. However, at the time of this inspection there were still two staff vacancies in the centre that needed to be filled.

Training records had been reviewed and all staff had been provided with training and refresher training to ensure that they had the skills to meet the residents needs. Some improvements were still required in this to ensure that records were complete and up to date. For example; there was no certificate to indicate whether an on call staff had completed refresher training in safeguarding vulnerable adults. The registered provider was in the process of addressing this issue in the wider organisation at the time of this inspection.

## Regulation 14: Persons in charge

The registered provider had addressed the actions from the last inspection. The person in charge was now responsible for this centre only and was engaged in the

ongoing improvements in the operational management of the centre, resulting in improved outcomes for residents.

The person in charge is a qualified nurse with number of years management experience.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had implemented the actions from the last inspection. Two staff were now assigned to ensure that residents had access to meaningful activities each day and staff breaks no longer impacting on residents going out on community activities.

There was sufficient staff on duty to meet the needs of the residents. A planned and actual rota was maintained in the centre reflecting the staff on duty both during the day and at night time in the centre. A review of those rotas showed that a consistent team was employed since the last inspection (including agency and on call staff).

However, there was two staff vacancies in the centre that needed to be filled to reduce the amount of agency or on call staff employed in the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Since the last inspection all staff had received supervision and the person in charge had a schedule for the year, to ensure that this was planned for. Staff were appropriately supervised as a nurse was allocated as the shift leader each day. The person in charge was now based on a full-time basis in the centre. Staff meetings were held to review the care and support being provided. Staff spoken with stated that, they felt supported in their role and could raise concerns to the management team if required.

Since the last inspection all staff had received training and/or refresher training in order to meet the needs of the residents. Some improvements were still required in this to ensure that records were complete and up to date. For example; there was no certificate to indicate whether an on call staff had completed refresher training in safeguarding vulnerable adults. The registered provider was in the process of addressing this issue in the wider organisation at the time of this inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management arrangements in the centre had improved since the last inspection. The person in charge was now employed full-time in this centre and only had responsibility for this designated centre.

The registered provider had undertaken a review of some of the auditing practices in the centre and found that they were not effective. For example; the way in which training of staff and maintenance was managed required improvements. The registered provider was implementing a new computer based systems to address this going forward. In the meantime the provider had a system in place to manage this and since the last inspection all of the maintenance works were completed.

The registered provider had also conducted a full review of fire safety systems in the centre, which included onsite training for staff, fire drills and a review of emergency exits, emergency lighting and fire doors. At the time of this inspection, all of the actions were due to be completed by the end of April 2023.

There was now oversight of the actions from audits in the centre to ensure that they were completed in a timely manner. For example; the person in charge met with the assistant director of nursing to ensure that actions were being addressed.

However, the inspector observed a number of records include staff meetings where it was not always clearly outlined who was responsible for improvements in the care and support being provided. For example; it was noted that a resident had a goal to visit family, however, it was not clearly recorded who was responsible or why it had not progressed. This needed to be addressed to ensure clear lines of accountability.

The annual review for 2022 had also been completed since the last inspection. This included feedback from families and their representatives, most of which was very positive. Some families and residents had outlined some improvements they would like in the centre following this feedback, however, not all of the improvements had been acted on. For example; one family member stated that they would like a seating area provided on the grounds of the campus, where they could sit with their family representative. There was no plan in place to support how this was being addressed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was available in the centre which included the requirements

of the regulations. The person in charge had prepared an easy to read version of this document for residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed incidents that had occurred in the centre since the last inspection and found that the chief inspector had been notified where required under the regulations.

Judgment: Compliant

### Quality and safety

At the last inspection, the inspector was not assured that residents were in receipt of a safe quality service in this centre and significant improvements were required to the premises, fire safety, risk management, infection prevention and control, personal plans, access to allied health professionals and the general welfare and development of residents. Since then, the registered provider had taken a number of actions which were contributing to positive outcomes for residents. Some minor improvements were required in risk management systems.

Each resident had a personal plan which now included an up-to-date assessment of need. Residents also had easy to read plans stored in their bedrooms. Since the last inspection, arrangements had been made to ensure that, all residents were reviewed by a dentist.

The residents were now been supported to have meaningful days. The registered provider had implemented a number of improvements to ensure that residents had access to meaningful activities. Two staff were now assigned each day to support residents with this. A second bus had been purchased to enable residents to access community activities and maintain links with their family. For example; one resident got to visit their mother for Mothers Day and another resident was going on a family holiday. Residents were attending the local barbers and hairdressers in their community. Residents were observed engaging in activities over the course of the inspection. A review of one residents plan over one month showed that they had been engaged in community activities off the campus 2 -3 times a week.

The premises were clean, homely and residents appeared relaxed in their home. Each resident had their own bedroom and since the last inspection some residents had done up their bedrooms. One resident now had a voice generated device which allowed them to choose when they wanted to listen to their favourite music. The

registered provider also had some of the pathways resurfaced which enabled the residents to enjoy a comfortable walk around the grounds of the campus.

Since the last inspection the registered provider had ensured that all risk assessments and the risk register were updated. However, some improvements were required to risk assessments in the centre. For example; the inspector found that following one incident, a risk assessment had not be formulated to outline the control measures in place to mitigate risks going forward. This required improvement.

The registered provider had reviewed the fire safety measures in the centre. At the last inspection the fire safety arrangements did not provide assurances that the systems in place were safe or effective, this resulted in an urgent action plan being issued to the provider, to seek written assurances around this. The inspector found that the provider had implemented or was in the process of implementing the actions from the compliance plan submitted following the urgent action plan. For example; fire drills had been conducted to ensure a safe evacuation of the centre. Staff had been provided with additional on site training in fire evacuation procedures. A fire drill was due to be completed in the coming days to assure that this plan was still effective.

The provider had implemented the actions from the last inspection which meant that there were systems in place to manage infection prevention and control. For example; all of the issues in relation to the premises that could pose an infection prevention and control risk had been addressed or would be addressed by April 2023.

### Regulation 13: General welfare and development

Since the last inspection the registered provider had implemented a number of improvements to ensure that residents had access to meaningful activities. Two staff were now assigned each day to support residents with this. A second bus had been purchased to enable residents to access community activities and maintain links with their family. For example; one resident got to visit their mother for Mothers Day and another resident was going on a family holiday. Residents were attending the local barbers and hairdressers in their community.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean, homely and residents appeared relaxed in their home. Each resident had their own bedroom and since the last inspection some residents had done up their bedrooms. One resident now had a voice generated device in

their bedroom which allowed them to choose when they wanted to listen to their favourite music.

The actions in relation to maintenance issues had been addressed since the last inspection. All areas of the centre had been painted.

The registered provider also had some of the pathways resurfaced which enabled the residents to enjoy a comfortable walk around the grounds of the campus.

At the last inspection the provider had identified through their own audits that the laundry room and kitchen were not accessible to all of the residents. In addition some of the floors needed to be addressed in the centre. The registered provider had a plan to address this by the end of April 2023.

Judgment: Compliant

### Regulation 26: Risk management procedures

Since the last inspection the registered provider had ensured that all risk assessments and the risk register were updated. However, the inspector was not assured that a risk in relation to infection and prevention and control was fully reviewed at the time of the inspection. The inspector was assured following the inspection that the matter had been addressed by a medical doctor who was satisfied that the control measures in place were sufficient to mitigate risks to the residents.

The inspector also reviewed the incidents that had occurred in the centre since the last inspection. Two incidents had occurred in the centre. However, the inspector found that following one incident a risk assessment had not been formulated to outline the control measures in place to mitigate risks going forward. This required improvement.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had implemented the actions from the last inspection which meant that, there were systems in place to manage infection prevention and control. For example; all of the issues in relation to the premises that could pose an infection prevention and control risk had been addressed or would be addressed by April 2023. The curtains in the dining room had been taken down and washed and the provider now had a schedule for cleaning these going forward.

All of the residents had been reviewed by their general practitioner (GP) regarding

the vaccination for pneumonia given their age profile and plans had been put in place to ensure that some residents were offered this vaccination.

The registered provider had conducted a review following an outbreak of COVID-19 in the centre to see if there was any learning from the event.

Judgment: Compliant

### Regulation 28: Fire precautions

At the last inspection the fire safety arrangements did not provide assurances that the systems in place were safe or effective which resulted an urgent action plan being issued to the provider to seek written assurances around this. The inspector found that the provider had implemented or was in the process of implementing the actions from the compliance plan. For example; fire drills had been conducted to ensure a safe evacuation of the centre. Staff had been provided with additional on site training in fire evacuation procedures. A fire drill was due to be completed in the coming days to assure that this plan was still effective.

There were now records to indicate that fire fighting equipment, emergency lighting and the fire alarm were being serviced.

New fire doors had been ordered for some areas in the centre. This were due to be installed by the end of April 2023. The registered provider had reviewed the actions from a fire specialist review conducted in February 2022 and as a result new emergency lighting had been installed at exit points.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had an up to date assessment of need included in their personal plans. This had been an action from the last inspection.

Judgment: Compliant

### Regulation 6: Health care

Since the last inspection, arrangements had been made for all residents to be reviewed by a dentist. This had been an action from the last inspection.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially 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

# Compliance Plan for Whitmore Lodge OSV-0005811

Inspection ID: MON-0039214

Date of inspection: 30/03/2023

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The two staff vacancies in the DC have been filled 17/04/2023	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Certificates for training – all staff have provided their certificates for online training 16/04/2023  The PIC has a commenced a recurring monthly meeting with HR to ensure all training records are accurate 24.04.2023  The Service has reviewed the system for managing, tracking and recording staff training throughout the organization and planned system improvements will be completed 31.05.2023	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Formal meeting minutes now include the person responsible and the timeframe for actions to be completed 1.04.2023  Formal meetings now begin with a review of pervious meeting minutes actions and note the current status of these actions. 1.04.23  Issues raised on family questionnaires have been processed through the complaints	

procedure 1.04.2023

All three issues identified have been reviewed, two issues have been resolved and are closed. One issue relating to outside seating on the grounds has been escalated and will be resolved 19.05.2023

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk assessment has been completed following noted incident, control measures put in place to prevent recurrence and minimize the risk 3.04.2023

All incidents occurring in the center will be reviewed by the PIC following occurrence and risk assessed as appropriate 1.04.2023

Review of incidents is a fixed agenda item in both the PIC/PPIM meeting and the team meeting, with all actions required noted in minutes and learning shared 11.04.2023

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	17/04/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Substantially Compliant	Yellow	19/05/2023

	structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/04/2023