

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

Issued by the Chief Inspector

Name of designated centre:	Tower Lodge Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0005844
Fieldwork ID:	MON-0035485

About the designated centre

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

Tower Lodge can provide a residential support service to seven people with a moderate to severe Intellectual Disability. The service can accommodate both men and women over 18 years. The service can also support people who have secondary diagnoses, including autism, hearing Impairment and neurological conditions. Supports are provided seven days per week, based on the assessed needs of each resident. Staff support is available daily and is flexible to ensure people are able to attend events of their choosing as and when desired. At night, there is a waking night staff in place to support the residents. Tower Lodge is comprised of two detached houses. One on the outskirts of small town in Co. Mayo and the other is in the town. Each person has their own bedroom. Each house has sitting rooms, kitchens with dining areas, adequate bathroom facilities, and separate utility room with laundry facilities. There are gardens to the front and rear of both houses. Residents are supported by a staff team that includes the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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How we inspect

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 25 September 2024	09:00hrs to 16:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

In summary, from what residents told the inspector and what the inspector observed, coupled with reviewing documentation, the inspector was assured that residents' rights were upheld, and their voice was listened to and acted upon.

Residents told the inspector that they enjoyed living in the centre and they were enabled to engage in activities that were meaningful to them. The inspector observed that residents were supported by a consistent staff team who knew them well and treated them with kindness and respect. This put residents at ease and enhanced a homely and relaxed environment which was warm and conducive to enjoying life and allaying stress or anxiety.

Transport was available to both houses and regular trips were facilitated by staff meaning that residents could access the community, be supported to attend medical appointments and make meaningful contact with friends and families in the local community, for example visiting family members in the local nursing home, going out for the day with their siblings and going for a drink to the local pub.

This was an announced inspection. The registered provider is the Health Service Executive (HSE). This inspection was carried out to monitor compliance with the regulations and to assist with assessing whether this centre was suitable for renewal of registration. Prior to the inspection the inspector contacted the centre to discuss with the person in charge arrangements so that the inspector could meet with as many residents as possible to illicit their views and experiences of living in the centre. The person in charge confirmed that all staff had completed human rights training and all staff who spoke with the inspector stated that they see resident's rights as very important and respect for residents' choices was at the core of their work.

Weekly 'voices and choices' meetings were occurring and pictures were available to support residents to choose their menus and activities. The inspector met with all six residents as well as seven staff members. Staff told the inspector that residents were assisted and encouraged to speak up if they were not happy about something. Staff gave the choice of whether residents wanted to meet with the inspector and residents met the inspector in their own way. Residents in this centre had a variety of communication support needs. Some residents could verbalise their views and needs while others communicated through words, signs, vocalisations, facial expressions and body language. Staff explained one resident enjoyed shopping and was going to Galway with one of the staff for the day. When the inspector spoke with the resident regarding their planned outing, he smiled broadly.

Another resident had visitors planned for the afternoon and seemed happy about this. Staff were observed to actively engage with residents as they assisted them. For example chatting with residents about their views and their chosen activities for the day while residents were having their breakfast. Staff supported residents to

communicate with the inspector. One resident explained how they had chosen and helped with the planting of the flowers in the back garden. He was very proud of his choices and said he liked red flowers. This resident was delighted to tell the inspector that one of his goals was to go on holiday to Lanzarote and plans were in place to make this happen. The staff had assisted the resident to apply for a passport and were awaiting its arrival. The resident also explained that they liked politics and voted in the last election and planned to do so at the next election.

Another resident told the inspector that he enjoyed his trip to Knock and staff explained this was his favourite place to go. Two residents were resting in the sitting room in the afternoon, they had been doing activities in the morning. Both were non-verbal, but acknowledged the inspector. They appeared comfortable and were well dressed. The inspector spoke with staff about how residents had moved into this centre from a congregated setting and how they felt this had impacted on residents' lives. Staff said they wanted to ensure that the move from the congregated setting promoted more person-centred care and community integration. As the residents had been facilitated to move back to their area of origin staff explained that residents were reconnecting with the local community, getting to know neighbours and utilising local services for example attending the men's shed, attending the Irish wheelchair association and going to local pubs, cafes and visiting local towns, going swimming and attending the local barber and hairdresser.

All residents had received a questionnaire from HIQA which had been sent to the centre in advance of the inspection. The inspector received six completed questionnaires on 'What it is like to live in your home'. Responses indicated that residents were happy living the centre and had access to meaningful activities of their choosing. Examples of comments included, "I like living in this house. life is better than it was before, I choose what activities I want to partake in, I enjoy going swimming, the staff chat with me and are are kind and caring and I am happy with the people I live with". One relative sent a complimentary email to the centre for the attention of the inspector. Comments included 'staff know them so well at this stage they can understand a lot of his needs, likes and dislikes. "my family member is well cared for and is happy and content in his forever home".

The inspector spoke with two visitors who were very complimentary of the service provided and the staff. They stated that they were delighted that their loved one had moved to this centre as it meant that although they lived abroad, when they came home they could visit their relative more easily as the centre was near their original home. They stated it was a much more person centred service as in the past their loved one had lived in a unit with much more residents. One of the visitors said it gave them a great sense of contentment knowing that their loved one was looked after so well. They also said that they communicated with the service by phone regularly and staff were very engaging with them. A staff member in the acute hospital had also complimented the staff on the care and welfare delivered to residents living in the centre.

The next two sections of the report outline 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 care and support

provided to the residents.

Capacity and capability

There was clear governance and management structures in place with good monitoring of practices and procedures to ensure a safe quality service was provided for residents.

Management systems in place included oversight of significant events in the centre by the person in charge and the area manager. This included a robust review of incidents and accidents, with weekly meetings between the person in charge and area manager. An auditing schedule was in place and the person in charge carried out a number of audits including, accident and incidents, near misses, complaints, and financial audits. Where deficits were identified an action plan was devised. This oversight was important in making sure the right action was taken to identify trends and learn from adverse events and as a consequence residents were protected from harm and there was less likelihood of re-occurrence.

The person in charge told the inspector that she was using the Lexicon for Social Care 2024 which when she was reviewing the audits and other documentation, provides a list of commonly-used words relevant to social care, along with a definition. The use of standardised language is important for clarity and consistency and all providers of social care are encouraged to use the Lexicon in their communications with HIQA and the Chief inspector.

The last inspection of this centre was carried out on the 22 of February 2023. This inspection was an unannounced inspection to monitor the providers' arrangements for infection prevention and control in the centre. Post this inspection the provider submitted an action plan detailing work they proposed to complete to come into compliance with the required regulation regarding infection prevention and control. The inspector found these actions had been addressed and there were good infection prevention and control practices in this centre at the time of this inspection.

There was a clear reporting structure in place which meant that each member of staff was aware of their roles and responsibilities. The centre was adequately resourced to ensure the effective delivery of care and support to residents, resources included adequate staff to meet the needs of residents, well maintained suitable premises.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the information submitted to apply for the registration

renewal of this centre and found all of the required documentation to support the application to renew the registration of the designated centre has been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had recently been appointed as person in charge. The inspector reviewed all of the documentation submitted regarding the person in charge prior to the inspection. Prior to their commencement of the role as person in charge they had worked as a social care worker and social care leader for nine years in disability services. They had also completed relevant academic training. This gave them the required knowledge and experience to fulfil the post of person in charge to meet the requirements of regulation 14. This enhanced the provider's governance structures in the centre. The person in charge displayed a good knowledge of the process and procedures in place to run a safe quality service. The person worked full-time and divided their time between the two houses.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the 24 hour actual and planned rota for three weeks, the past week, the week of inspection and the planned roster for the week post the inspection. These showed that the area manager was listed on the staff rota Monday to Friday, but while the area manager worked these days she was not available in the centre. It is acknowledged that in the case of an emergency they would be on call for the service. The rota requires review with regard to this matter.

The staffing levels on the day of inspection were the usual staffing levels. Based on the documentation, chatting with staff, observations by the inspector and the views of residents the inspector found that there was adequate staffing to meet the assessed needs of residents. On the day of inspection there were six staff on duty during the day with the exception between 17:00 hrs and 20:00hrs when there were five staff on duty. There were three waking night staff on night duty. The person in charge was available 08:00 to 16:30 Monday to Friday. Post 16:30 there was a management person on-call service for staff. Staff were aware of this and there was a designated phone number to contact this person. The inspector reviewed four staff personal files and found that they contained the required documentation as per the regulations. These include references, Garda Síochána vetting and evidence of appropriate qualifications and experience.

Judgment: Compliant

Regulation 16: Training and staff development

There was good oversight of staff training in the centre. The inspector reviewed the training matrix for all staff and noted that all mandatory training for staff was up-to-date. Training in addition to mandatory training, included safe nutritional care and safe management of epilepsy. Where refresher training was required, this had been identified by the person in charge and staff had been scheduled to complete this training. Staff meetings were held on a regular basis and minutes were available. This ensured that staff who were unable to attend were aware of issues discussed. When staff commenced working in the centre an induction training programme was in place and new staff had greater support and supervision than experienced staff. This helped to ensure that staff had relevant knowledge about the service and the residents. Staff received support in the form of regular supervision.

Judgment: Compliant

Regulation 22: Insurance

The inspector reviewed the provider's insurance details which were submitted as part of their application to renew the registration of this centre. The insurance was in date and supported that the provider had insurance in place for the building and its contents in addition to risks to injury of residents. This is in compliance with regulation 22.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was good governance and oversight arrangements in the centre to make sure the service provider was a safe quality service. There was a defined management structure in place with clear lines of authority and accountability. Staff reported to the person in charge and the person in charge reported to the area manager and met them weekly. The inspector reviewed the most recent annual review. This had been completed by the person in charge on the quality and safety of care and support in the designated centre. The inspector found that this was a comprehensive review and included the views of the residents and their families. Areas for improvement were identified and these related to enhancing the communication skills of residents and exploring the use of technology aids to assist with communication. Six monthly unannounced provider

visits were completed and the inspector reviewed the previous two reports of these visits, which were carried out by senior staff independent of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose (SOP) had been recently revised in preparation for this inspection. The inspector reviewed the SOP which accurately reflected the service provided and was in compliance with the relevant regulation.

Judgment: Compliant

Quality and safety

This was a well-governed service that met the care and welfare needs of the residents. Residents' well being and welfare was maintained by a good standard of evidenced-based care and support. The inspector reviewed three residents care files and found that assessments of care needs for all residents were in place with corresponding care plans. Care plans were person-centred and demonstrated a good amount of knowledge about the residents. Each resident had a specific key worker and link worker who were primarily responsible for assisting residents to reach their goals. Personal goals were reviewed regularly and included activities both in the centre and in the wider community. The personal plans focused on residents choices and interests and goals were respected, planned for and achieved meaning residents could reach their full potential and experience enjoyment and achievements.

Regulation 10: Communication

The inspector reviewed three personal health and social care files of residents and found communication profiles, were holistic in nature. These detailed 'my hearing, my vision, how I communicate, how I say no, how I tell you what I like, how I tell you what I dislike'. The person in charge stated that this was an area they had identified as required updating and the speech and language therapist had commenced a review of communication assessments. Pictorial cards and objects of reference (objects of reference are an approach used to aid understanding of spoken language, support understanding of daily routines, and provide a means of expressive communication for residents who find it difficult to access other systems of communication, (e.g. spoken language, signing and symbols)). Residents had

access to the portable mobile phone in the centre and some residents had their own mobile phone and or computer tablets which they used to contact their friend and or family members.
Judgment: Compliant
Regulation 11: Visits
An open door visiting policy was in place where visitors could attend at any time. Suitable facilities were in place for residents to meet with visitors.
Judgment: Compliant
Regulation 12: Personal possessions
Each resident had a suitable place to store their belongings and clothing. Due to the assessed needs of residents, some residents required assistance with their laundry, or staff took responsibility for the laundry of residents' clothes. Residents' clothing looked well cared for. Procedures relating to residents finances were not reviewed on this inspection. All residents had their own personal bank accounts
Judgment: Compliant
Regulation 17: Premises
Tower Lodge designated centre consists of two houses, Tower Lodge which accommodates three residents and Tower View which accommodates four residents. Tower View had one vacant bed on the day of inspection and plans were in place to move a new resident into this house. Both houses are bungalow style, with each resident having their own personalised bedroom. The premises were warm, homely, and clean and personalised with photos and personal items of resident's choice, for example family photographs of residents. Both houses had good sized well maintained gardens and garden furniture was available. The houses are located in close proximity to each other on the outskirts of a rural town which enabled residents to easily use the facilities of the town.
Judgment: Compliant

Regulation 18: Food and nutrition

Residents told the inspector that the food they received was of a good quality, they chose their meals and enjoyed meal times. The inspector observed on the day of inspection that the dinner was prepared by staff and was home cooked and looked nutritious and appetising. Dinner time was unhurried. Care plans for residents on modified diets were in place. These included risk assessments that informed care. Overall there was good detail to guide staff in how best to offer care and support to residents and this protected residents safety and wellbeing. On the day of the inspection the residents were having cabbage from their own vegetable patch. Residents confirmed he 'loved bacon and cabbage'.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. An easy to read version was available for residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were supported to attend medical appointments, and if a resident had to attend the acute hospital, staff accompanied them. A rota was put in place to ensure a staff member of the centre would be with the resident at all times while they were in the acute services. The communication/hospital passport accompanied the resident. Additionally, when a resident returned from being absent from the centre, all relevant information was obtained to ensure a safe and orderly transfer back to the designated centre. A process for medication reconciliation was in place on return.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed care plans relating to three residents health and social care needs and found that care plans were based on the assessed needs of residents. For example two epilepsy care plans were reviewed and these provided a good level of detail to guide staff as to how to support residents safely. These were reviewed and monitored regularly, for example if a resident had a seizure or a change in medication occurred the care plan was reviewed. There was evidence available from reviewing the care plans that residents and families were included in the reviews. Personal plans were developed and these were planned for , regularly reviewed and were being achieved.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of health and social care professionals which included behaviour support, speech and language therapy and psychology. There was correspondence in some of the personal files reviewed which evidenced collaborative working. There was also documented information of when residents were referred to health or social care professionals the reason for this and the outcome of their appointments. Residents had very good access to medical practitioners and staff were complimentary of the service provided. Documentation also supported that annual health checks were being completed by their medical practitioner and regular blood analysis was being undertaken, ensuring residents health was protected.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that effective supports were in place for residents with behaviours of concern. The inspector reviewed two behaviour support plans. These outlined the strategies to support residents to manage their behaviours, and the person in charge reported that these were effective. A process was in place for regularly reviewing restrictions in place to ensure they were used for the shortest period of time. Restrictive practices in place had been reviewed by the human rights committee.

Judgment: Compliant

Regulation 8: Protection

The inspector found that residents were safe in the centre, and that the registered provider and person in charge had implemented systems to safeguard residents. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns a policy on safeguarding residents was available, and which all staff had read. Details of the designated officers were clearly displayed in the centre. The provider had ensured that all staff had Garda Síochána vetting in place prior to commencement of employment.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were upheld in this centre the weekly residents' meeting ensured that residents were able to be involved in the running of the centre. The inspector reviewed minutes of these meetings for the last three months and found they detailed residents' views. The religious choices of the residents were respected with staff ensuring that residents could choose to attend a religious service of their choice in person if they wished. As detailed above in section one in this report staff had completed human rights training and the six staff spoken with by the inspector voiced the view that ensuring the rights of residents were upheld was very important to them. They spoke about ensuring residents got to do things they liked, that they were listened to and what their views were we acted upon. For example access to activities that were meaningful to them enabling them to decide when to when to get up and what time they went to bed. , personalising their bedrooms, and having access to their friend and families.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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