



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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	28 June 2022
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0028365

About the designated centre

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

Deerpark Lodge is located in a small housing estate in County Cavan. The centre provides a residential service for up to five adults, both male and female. The house is a three storey detached property consisting of a large kitchen/dining area, a separate utility room, three communal areas, five bedrooms and an office. The garden to the back of the property is well maintained and provides outside furniture for residents to use. The objective of the service is to promote independence and to maximise the quality of life of residents living there. Residents are supported by a team of direct support workers, team leaders and the person in charge. Allied health supports including community nurses, behaviour specialists, occupational therapists, speech and language therapists and a dietician form part of the services provided to residents where required. Residents are supported to engage in activities in line with their preferences and can access some day services if they choose to. Transport is provided should residents wish to avail of activities located far away from the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 28 June 2022	09:15hrs to 16:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre and were supported by a staff team who knew them well. This was evident in the high levels of compliance found on this inspection.

On arrival to the centre, the person in charge went through the guidelines in place for the management of COVID-19 in the centre. This included a list of questions that the inspector was required to answer to provide assurances that they had no symptoms of COVID-19. The inspector was also directed to hand sanitising gels and masks that were available in the centre.

The inspector had the opportunity to meet all of the residents on the day of inspection. One resident informed the person in charge that they did not wish to speak to the inspector about the care and support being provided in the centre. This was respected.

One resident showed the inspector around the ground floor of the home and later in the day showed the inspector their bedroom. The centre was clean spacious and maintained to a very high standard. The resident who showed the inspector around was very aware of visual aids in place and what they represented. They also explained how they were involved in the running of the centre and making choices about what they wanted to do. For example; the resident explained some of the visual aids in place, talked about how menus were decided and was aware of all of the measures in place to protect and manage an outbreak of Covid -19 in the centre. They were also aware of the management structures in the centre, including other senior managers who were involved in the running of the centre.

Two other residents showed the inspector their bedrooms. Both of them were decorated to their own personal tastes and included pictures of family members who were important to them.

There was a garden to the back of the property which was well maintained. A seating area was provided and one of the residents spoke about enjoying sitting out there when the weather was good.

There was a vehicle available in the centre, which enabled the residents to choose different activities they may like to do. On the day of the inspection one of the residents had chosen to go on a shopping trip. The other residents had chosen to remain in the centre and relax for the day.

The residents spoke about how they were supported to engage in activities and develop long term goals. For example; one resident had a long term goal to move out of this centre and live independently. This resident had the support of an advocate, key worker and other relevant professionals who had systems in place to support the resident with this. The resident was in regular contact with these

people, through telephone calls and written correspondence regarding this. The inspector found that the systems in place to manage this were considering the rights of the resident.

There were a number of other examples where residents were supported with their rights. Residents meetings were held every week. A review of a sample of the records of these meetings informed the inspector that residents got to choose meals and activities, and were also kept informed of changes in the centre, along with education about keeping safe, fire safety, complaints, infection prevention and control and their human rights.

Key work meetings were also held individually with residents. This was an opportunity for residents to decide on goals they may have or other concerns they may need support with. For example; one resident was very clear that they did not want to engage in activities that cost a lot of money as they were saving their money at present. This resident spoke to the inspector about this.

Two of the residents wanted to get pets to look after. Both of the residents were being supported with this. For example; they were engaging in some educational programmes about what was required to look after pets. One of the residents explained to the inspector what they were doing to progress this goal at the time of the inspection.

Staff members were observed supporting residents with some activities in line with their personal preferences. Both staff and residents were observed to have a good rapport and got on well. Their interactions were relaxed and jovial and residents appeared very relaxed in the company of staff.

The annual review for the centre included feedback from residents and some of their family members on the quality of care provided. The residents feedback indicated that they were very happy with the care and support provided. One resident said that " staff will always listen". Another resident reported that they were very happy about a complaint they had made and how it had been managed. Some of the goals for the year included going on holidays and increasing independent living skills for residents. One of the residents spoke to the inspector about how they were being supported with this.

The response from family members was also generally very positive. One family member had put forward suggestions about improvements they would like to see happening. The inspector was assured from speaking to the person in charge that this was being followed up at the time of the inspection.

As part of this inspection process, the Health Information and Quality Authority (HIQA) send questionnaires to the centre, for residents or family representatives to complete prior to the inspection happening. This is an opportunity to collect feedback on the quality of care being provided in the centre. The feedback from these questionnaires was positive. Residents said they liked their home, the food, and the activities they got to do. One commented that " the food is good" and "the company is good". Residents said they felt safe and that staff would always listen if they had a concern. Feedback from family was also positive stating that the staff

were very honest and do a great job. One family representative raised an issue in relation to their family member. The person in charge was able to outline actions been taken to address this issue. The inspector was satisfied that this was being followed up.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, this centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents.

The purpose of this announced inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's certificate of registration. The last inspection of this centre was November 2021 where some improvements were required in the admission of residents to the centre. This was also followed up as part of this inspection.

There was a defined management structure in place which consisted of an experienced person in charge. Team leaders were also employed who worked alternate shifts. This meant that there was always a manager present during the day to over see the care and support of the residents. At night time a senior manager was on duty (located in another service area) who was available for over the phone advice or to call to the centre at night if required.

The person in charge reported to an assistant director of care. They met every month to discuss the care and support provided. The assistant director of care reported to chief operating officer.

The person in charge was a qualified social care professional with the necessary skills and management experience. They demonstrated a good knowledge of the residents needs and informed the inspector about some of the quality improvement plans they had for the coming months in order to improve the lives of the residents. Some of those plans included; providing more support to the residents to be more aware of their rights.

The registered provider had completed an annual review of the quality and safety of the service and had carried out unannounced quality and safety audits twice per year as required by the regulations. A range of local audits and reviews were also conducted in areas such as medicine management, personal plans and fire safety. In general the findings from these audits were very positive; where improvements had

been identified they had been addressed. For example; in the last unannounced quality and safety audit the food opened in the fridge was not being labelled. This was now being completed.

There was a planned and actual roster in place. From a review of a sample of rosters, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents. A number of relief staff were also consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. Two of the residents reported that they were happy with the staff team.

The staff the inspector spoke with said they felt supported in their role and were able to raise concerns, if needed, to the person in charge/team leaders, through regular staff meetings and supervision. Senior management staff were also on call in the wider organisation 24/7 should staff need support around the needs of residents. A sample of supervision records viewed found that they were comprehensive and staff could raise concerns if required. The records viewed also indicated that regular staff meetings took place in the centre. Agenda items discussed included risk management, the results of audits conducted in the centre and the well being of residents.

A sample of personnel files reviewed as part of this inspection, found that the provider for the most part had the records required under the regulations on file for staff members. The inspector noted a minor employment gap on two staff files, however, the person in charge submitted assurances the day after the inspection verifying that this had been addressed.

The staff training records reviewed showed that staff were provided with a number of training programmes to enable them to support residents. This included; positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, first aid and, infection prevention and control. A sample of records viewed indicated that all staff employed at the time of the inspection had completed these. This meant staff had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

A statement of purpose was available in the centre. This had been updated as required under the regulations. The document set out the aims and objectives of the service and included the services and facilities provided.

The provider had a policy in place for admissions to the centre. At the last inspection of this centre in November 2021, the admission procedures had been found not compliant due to the compatibility of some residents living together. The inspector found that since the last inspection one resident had moved to another centre at their request, however the resident did not like this other centre and requested to return to this centre. This had been facilitated by the registered provider. The transition back to this centre had been planned for and from records viewed this plan had been done in consultation with the resident. Two of the residents informed the inspector that they were very happy with the other residents who lived here. The person in charge was also very aware of the need to conduct compatibility

assessments for any proposed residents moving to this centre in the future.

Residents had contracts of care in place which outlined the facilities provided and any additional costs that may be incurred in the centre for services provided. At the time of this inspection none of the residents were required to pay long stay charges for their care and support. Contracts of care had been signed by the resident or their representative where required.

From a review of incidents that had occurred in the centre since January 2022, the inspector was satisfied that the person in charge had notified HIQA in line with the regulations when an adverse incident had occurred in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre. This application included all of the documents required under the regulations in order to inform a decision to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who worked full time in the centre at the time of the inspection. They demonstrated a good knowledge of the regulations and the needs of the residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents. A number of relief staff were also consistently employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times

A sample of personnel files reviewed as part of this inspection, found that the provider for the most part had the records required under the regulations on file for staff members. The inspector noted an minor employment gap on two staff files, however the person in charge submitted assurances the day after the inspection

verifying that this had been addressed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to support the residents' needs in the centre and provide a safe quality service.

Regular supervision and staff meetings were being held where staff could raise concerns or review their professional development.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place in order to oversee the care and support being provided in this centre. This included audits and reviews to ensure ongoing compliance with the regulations and standards.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admission process took into consideration compatibility issues that may arise in the centre when a new resident was being admitted. The person in charge was very aware of this requirement.

Residents had contracts of care in place outlining the services provided and the costs which may be incurred for some of those services.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre. This had been updated as required under the regulations. The document set out the aims and objectives of the service and included the services and facilities provided.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since January 2022, the inspector was satisfied that the person in charge had notified HIQA in line with the regulations when an adverse incident had occurred in the centre.

Judgment: Compliant

Quality and safety

Overall, the residents here had a good quality of life and they were supported to enhance their independent living skills and maintain links with their family and community.

The premises comprised of a three storey detached house. The house was spacious, homely, very clean and maintained to a very high standard. Residents had their own bedrooms, and there was adequate communal space for residents to either spend time together or meet visitors in private should they want to. There were arrangements in place for residents to launder their own clothes if they wished. One resident explained this process to the inspector during a walk around of the centre. The location of the medication press needed to be reviewed as documents guiding staff practice were displayed on the drug press which made it unhomely looking. The inspector was given assurances that this would be reviewed.

The general welfare and development of residents was supported in the centre. Goals had been developed for residents to achieve in the coming months. Some of them included going on holidays, going to concerts and increasing their independent living skills. Residents were supported to maintain links with family members and one resident spoke about visits to their family members which they really looked

forward to.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents also reported that they felt safe in the centre. The importance of staying safe was discussed at residents meetings and included what residents should do if they did not feel safe.

The registered provider had systems in place to ensure that residents' personal possessions were safeguarded. This included a policy to guide staff practice. Residents were supported to manage their own finances or had agreed where appropriate for staff/ registered provider to manage their finances. The inspector spoke to one resident whose finances were managed by the registered provider. The resident was aware why this was in place and was supported by an external advocate with this decision.

There were systems in place to manage and mitigate risk in the centre. A review of incidents in the centre showed that appropriate action was taken. Incidents were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the residents. A risk register and health and safety statement were also in place for the centre. Individual risk assessments were in place for each resident in order to support their safety and well being. From viewing a sample of the risk assessments they were being reviewed regularly. Staff were also aware of what to do in response to some risks. For example; where a resident was at risk of choking, the staff member was able to explain the control measures in place or how they would respond if a resident began to choke.

Infection prevention and control (IPC) measures were in place to prevent and or manage and outbreak of COVID-19. Staff had been provided with training in IPC which included the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. All residents had been vaccinated for COVID-19 in the centre and the two residents that spoke to the inspector said they had consented to receiving the vaccinations. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented. Audits were conducted in IPC practices and actions from those audits were completed.

The provider also had arrangements in place to manage other infection control risks such as preventing a needle stick injury and the decontamination of some equipment. Staff were knowledgeable around safe practices in relation to these.

Residents were supported to choose their meals on a weekly basis. One resident told the inspector that alternatives were provided if they did not want what was being provided on a particular day. There were adequate supplies of food and drink. Residents were observed availing of these themselves on the day of the inspection. Residents who required support with their feeding, eating, drinking and swallowing (FEDS) had this detailed in their assessment of need. Staff had completed training in FEDS and were knowledgeable regarding the residents' assessed needs and care

plans.

There were systems in place to ensure safe practices in the safe administration of medicines. The provider had a policy in place for the storage, administration and disposal of medicines prescribed in the centre. However, one reference in the policy did not guide staff practice for the administration of some medicines. The inspector was satisfied that the registered provider was currently reviewing this policy and that the person in charge (who was on the review committee) would follow this up. Staff were trained in the safe administration of medicines. Residents had been assessed to establish if they could be supported to self medicate in the centre.

The inspector found a number of examples where residents were supported with their rights. As stated earlier, one resident had an advocate to support them with a long term goal they had. Residents were informed through meetings about how to make a complaint, their rights and issues affecting them in the centre. Easy to read documents were available in the centre and one of the residents was able to explain these to the inspector.

Regulation 12: Personal possessions

The registered provider had systems in place to ensure that residents' personal possessions were safeguarded. This included a policy to guide staff practice. Residents were supported to manage their own finances or had agreed where appropriate for staff/ registered provider to manage their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was supported in the centre. Goals had been developed for residents to achieve in the coming months. Some of them included going on holidays, going to concerts and increasing their independent living skills. Residents were supported to maintain links with family members and one resident spoke about visits to their family members which they really looked forward to.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of a three storey detached house. The house was spacious, homely, very clean and maintained to a very high standard. Residents had their own bedrooms, and there was adequate communal space for residents to either spend time together or meet visitors in private should they want to.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to choose their meals on a weekly basis. One resident told the inspector that alternatives were provided if they did not want what was being provided on a particular day. There were adequate supplies of food and drink. Residents were observed availing of these themselves on the day of the inspection. Residents who required support with their feeding, eating, drinking and swallowing (FEDS) had this detailed in their assessment of need. Staff had completed training in FEDS and were knowledgeable regarding the residents' assessed needs and care plans.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. A review of incidents in the centre showed that appropriate actions were taken. These incidents were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the residents. A risk register was also in place for the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to manage/prevent against infection prevention and control in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place to ensure safe practices in the safe administration of medicines. The provider had a policy in place for the storage, administration and disposal of medicines prescribed in the centre. However, one reference in the policy did not guide staff practice for the administration of some medicines. The inspector was satisfied that the registered provider was currently reviewing this policy and that the person in charge (who was on the review committee) would follow this up. Staff were trained in the safe administration of medicines. Residents had been assessed to establish if they could be supported to self medicate in the centre.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents also reported that they felt safe in the centre. The importance of staying safe was discussed at residents meetings and included what residents should do if they did not feel safe.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found a number of examples where residents were supported with their rights. As stated earlier, one resident had an advocate to support them with a long term goal they had. Residents were informed through meetings about how to make a complaint, their rights and issues affecting them in the centre. Easy to read documents were available in the centre and one of the residents was able to explain these to the inspector.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant