Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Dane Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0007973
Fieldwork ID:	MON-0032092

About the designated centre

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

This centre is based in County Waterford and is run by Nua Healthcare Services. It opened in 2021. The centre provides a residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. The centre consists of a two storey house located in a rural setting. The house has been sub-divided into four dwellings, three self-contained living areas and communal accommodation including a private bedroom for one resident. The capacity of the service at the time of this inspection was four residents and it operates seven days a week. During the day, service users engage in personalised programmes and they can avail of training opportunities delivered through an outreach service delivered by the provider. The staff team includes assistant support workers and social care workers led by a team leader, a person in charge and two deputy team leaders. Residents have access to multidisciplinary professionals either through the health service executive or the suite of professionals employed by the provider.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 - 2015 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 21 July 2021	9:00 am to 5:00 pm	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of Dane Lodge designated centre took place during the COVID-19 pandemic. All required precautions were taken by the inspector as per national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn throughout the day of the inspection. This inspection was unannounced to and was used to monitor the compliance with regulations. The centre had become operational in February 2021. Since this time, four residents had transitioned to the centre.

On arrival, the inspector noted the call system on the gate was not functioning and a phone call was required to gain entry. This was addressed on the day of inspection. On arrival, the inspector was met by the appointed team leader as the person in charge had yet to commence duty. The team leader gave the inspector a brief overview of the centre and the current status of the residents.

Three residents were supported by an allocated staff team in private self-contained areas. One resident used the communal areas of the house. This resident was observed to enjoy this space and the comings and goings in the centre. The resident had some of their personal belongings in this space. The inspector based themselves in the communal area for much of the day. A jovial and energetic atmosphere was apparent in the house. Staff were courteous and chatted with the inspector about the needs of the residents in a very clear and confident manner. Staff respected residents' right to privacy when imparting this information. Staff spoke of residents achievements since the centre became operational. It was evident that all staff held a good knowledge of residents and the supports required in their daily lives.

The inspector had the opportunity to meet and talk with one resident in their living space. Support staff had met with this resident and asked what time was suitable for them to have a chat. The resident was relaxing on their couch watching their television as part of their daily routine. Their living room had posters of Liverpool FC and their favourite GAA clubs. They had a love of all things GAA and wore a different jersey every day. They joked with staff about buying them a particular jersey. The resident spoke of the activities they engaged in. They enjoyed meeting their family and watching Shrek on DVD. The resident had transitioned from another centre to be nearer to home, with a long term plan to move even closer. This long-term was in operation and skills training was in place to assist with this.

The inspector had the opportunity to meet with another resident when completing the documentation review in the communal area of the centre. This resident was having "a great day". They had been informed that a family visit was planned for the coming weeks which brought great joy. All staff who met with the resident shared this excitement with the resident. The resident joked with staff and was very content in their company. They had a love of wrestling and displayed their favourite wrestler on a poster on their wall. They enjoyed a yoga session with staff in the

garden area after having had enjoyed french toast for lunch.

Two other residents in the centre were observed going out and about in accordance with their planner. All interactions observed were professional and friendly in nature. The governance team were keenly aware of the changing needs of residents. Since the centre had become operational, the staff and governance team had taken the time to get to know the residents and for the residents to build a circle of support within the centre. This time had allowed for personal plans to be developed and the reintroduction of activities and skills for residents.

Governance systems in the centre ensures that the centre was operated in a manner to drive service improvement. Any area which required review was identified and addressed in a timely manner. The staff and governance team were very aware of the needs of the service users, their likes and dislikes and the importance of meaningful activation. The regulations reviewed as part of the inspection will be discussed in more detail throughout the remainder of this report.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to the residents currently residing within Dane Lodge. Overall, a good level of compliance was evident. This was the first inspection of the centre since it became operational in February 2021.

A governance structure was in place within the centre. A suitably qualified and experienced person in charge was appointed to oversee the day-to-day operations of the centre. They possessed a keen awareness of their regulatory responsibilities. The appointed individual also had a good knowledge of the needs of the residents. They were supported in their role by an appointed team leader and two deputy team leaders. Clear roles and responsibilities had been laid out for members of the governance team including daily and weekly tasks to be completed.

The person in charge reported to the director of operations. Clear communication was evident between the members of the governance team through regular face-to-face meetings and general communication. Any concern or areas of identified non-compliance were discussed and addressed in a timely manner through the completion of a governance matrix. This included the review, identification and addressing of areas of concern in the centre comprising of, for example, notification of incidents and complaints.

The registered provider had ensured the implementation of regulatory required monitoring systems. As the centre was operational since February 2021 an annual review was not required at this time. An unannounced visit by the provider to the centre had been completed by a delegated person in June 2021. A comprehensive report was generated following this visit and an action plan was in progress to address any areas that had been identified. Feedback had been obtained from the

residents and their representatives. A monthly assurance report was also in place to ensure compliance within the centre, of a number of areas including individual risks and residents rights.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured all staff were supported to attend and receive all required training. The registered provider had ensured the allocation of an appropriate skill-mix of staff. Staff spoken with were very aware of the resident's assessed needs.

The person in charge had ensured the completion of formal supervisions within the centre. This incorporated the completion of formal supervisory meetings every six to eight weeks in accordance with the organisational policy. Following a sample review of records, supervision meetings were utilised as a means of supporting the staff team and allowing for the raising of concerns. Regular staff meetings also occurred to ensure all members of the staff team were aware of the operations of the centre and could raise any concerns identified. Staff completed a daily handover to ensure all staff were aware of their responsibilities such as shift lead, first aider and the completion of fire checks.

Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider were appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff were supported to attend and receive all required training including refresher training.

The person in charge had ensured the completion of formal supervisions within the centre. This incorporated the completion of formal supervision every six to eight weeks and regular staff meetings.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had been established. Minor amendments to the document were completed by the person in charge on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. Management systems in place in the designated centre ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose incorporating information as required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided within Dane Lodge. Overall, a high level of compliance was evidenced through a person-centred approach to care. This inspection took place during the COVID-19 pandemic. All staff were observed to adhere to the current national guidance including the use of personal protective equipment (PPE) and social distancing. An organisational contingency plan was in place to ensure all staff were aware of the procedures to adhere in a suspected or confirmed case of COVID-19 for staff and residents.

The centre presented as a large home consisting of three self-contained living areas and one communal area located on the outskirts of a country village. The residents had their private space which they decorated in their own style. There was a communal kitchen and dining area which was a hive of activity on the day of inspection. Building work was currently in progress on the grounds of the centre but currently this was not having any impact of the residents currently living in Dane Lodge.

The person in charge had ensured that the residents had a comprehensive personal care plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team, including speech and language and occupational therapy. A full review of the residents' multi-disciplinary needs occurred on a regular basis. This ensured guidance for staff to adhere to was accurate to the current needs of residents. This review was further enhanced through key worker meetings to discuss monthly outcomes, used to set out personal goals and to build independence skills.

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour. Through the implementation of multi-element behaviour support plans, there had been a noted decrease in behaviours of concern. Social stories were utilised to increase resident’s awareness of protocols and procedures to reduce anxiety. All staff spoken with were very aware of each residents support needs and ensured the inspector was provided with the required information prior to meeting a resident. The registered provider had ensured that where a restrictive practice was in place, this was utilised for the shortest duration required in the least restrictive manner. Some improvement was required to ensure guidance was clear for staff to ensure a consistent approach to the implementation of such practices.

Overall, the registered provider had ensured effective fire safety management systems were in place within the centre. Some improvements were required to the evacuations drills documentation, which needed to be completed in a manner which ensured staff awareness of procedures and adherence to same. The majority of fire evacuation drills were initiated when staff members were in the company of residents. Evacuation drills and personal emergency evacuation plans reviewed did not capture times when residents were enjoying time alone. Some individual needs of residents were also required to be added to evacuation plans, such as the use of

ear defenders. The person in charge commenced actions to address this on the day of the inspection.

The registered provider had ensured the development of a risk management policy. This incorporated the assessment of regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk. Some improvements were required to ensure that identified risks were relevant to the centre. For example, a risk assessment was in place for residents smoking, yet no residents in the centre smoked. Also some risk ratings assigned to identified risks did not reflect the current risk rating in place.

The registered provider had ensured effective measures were in place to protect all resident's from all forms of abuse. Where an identified risk was present, the provider had ensured measures were in place to address this. The inspector found the centre was operated in manner that promoted the rights of each residents. Staff met with residents to discuss such areas as complaints and rights through documented key worker meetings. There meetings were also used to discuss any changes to the operation of the centre.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

(a) access to facilities for occupation and recreation;

(b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents currently residing in the centre.

The centre was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the registered provider had ensured that there were systems in place in the designated centre for the assessment, management and responding to emergencies. Some improvements were required to ensure the risk register was centre specific with accurate risk ratings applied.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by HIQA. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had ensured effective fire safety management systems were in place within the centre. Some improvements were required to the documentation of evacuations drills, to ensure staff and residents awareness of procedures and the adherence to same, including a review of support needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had a comprehensive personal plan in place. The plan incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multidisciplinary team including speech and language.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider had ensured the use of restrictive practice was done so in the least restrictive manner for the shortest duration necessary.

The person in charge had ensured that effective measures were in place to support residents with behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured effective measures were in place to protect residents from all forms of abuse. Where an identified risk was present the provider had ensured measures were in place to address this.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which respected and promoted the rights of the residents currently residing in the centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dane Lodge OSV-0007973

Inspection ID: MON-0032092

Date of inspection: 21/07/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The Person in Charge will conduct a review of Centre Risk Register to ensure all identified risks within the centre are risk rated accurately. 2. The Person in Charge will ensure that the Centre Risk Register is specific to the Designated Centre. 3. The Person in Charge will discuss the updated Centre Risk Register at the next team meeting in September 2021.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The Person in Charge will ensure the Service Users Personal Emergency Evacuation Plans and Assessments are reviewed and updated in line with each individual Service Users assessed need and encompass evacuation plan for when Service Users are alone in their own living space. 2. The Person in Charge will ensure that all individual needs of Service Users are documented within each Personal Emergency Evacuation Plan. 3. The Person in Charge will ensure that Fire Evacuation Drills are recorded in detail with specific details of each Service Users compliance, level of staff support required, and escape route used.	

4. The Person in Charge will ensure learnings identified are shared with all staff team at the next team meeting in September 2021.

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 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	30/09/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements	Substantially Compliant	Yellow	30/09/2021

	for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2021