



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

Issued by the Chief Inspector

Name of designated centre:	Drummond Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	14 July 2022
Centre ID:	OSV-0008239
Fieldwork ID:	MON-0036979

About the designated centre

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

Drummond Lodge Residential Service is a Designated Centre with a five registered bed capacity. Drummond Lodge Residential Service offers 24-hour support to 5 residents with physical and sensory disabilities. This also includes people who may have an intellectual disability with physical and sensory needs. The Centre is a purpose-built bungalow which is wheelchair accessible and is located near a large town in Co Monaghan. Residents of Drummond Lodge are supported by social care staff with some nursing support. The residents are encouraged to avail of social facilities such as cinemas, bowling, sports, cafes, restaurants, supermarkets & clubs, where applicable.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 14 July 2022	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was the designated centre's first inspection since residents moved into their new home in mid-May. The inspector was introduced to all five residents. Four of the five residents chatted with the inspector at length. The residents said they were happy with the move to their new home. They spoke positively of the staff team and the care and support they received. The residents spoke of getting to know their new housemates, that this was going well, and that they got on with the other residents.

Three out of the five residents were attending day service programmes regularly. Steps had been taken to support the other two residents gaining access to programmes. The review of records showed that since their transition into the service, residents were supported to engage in activities in their community. Residents were encouraged to identify things they would like to do through key working sessions and resident meetings. Scrapbooks had been set up for some residents to document their activities, such as going out for food and coffee with their new housemates.

Through observations and the review of information, it was found that residents' rights were being respected and promoted by those supporting them. As much as possible, residents were facilitated to be the decision-makers regarding their care and support. Residents had access to an independent advocate, and there was regular contact between the provider and resident representatives. Residents were supported to receive visitors regularly, and there was adequate space for visits.

The inspector spoke with two of the residents' family representatives. The family members expressed their happiness with the care and support provided. They spoke fondly of the staff team and the efforts that they had made since the residents' admission. They both referenced how happy the residents were in their new home. One family member spoke of the steps taken to develop residents independent living skills and how glad they were with this development. One family representative did identify that contacting the house phone was challenging. The location of the designated centre and phone coverage was an issue. The provider was seeking to address this.

The resident's new home was designed and laid out to meet the specific needs of each resident. The inspector found that it was suitably clean and free from clutter. Residents had been supported to choose how their rooms were decorated. Residents and the staff team were still in the process of creating a homely environment.

The inspector observed warm and considerate interactions between the residents and the staff team supporting them. There were sufficient staffing levels on shift during the inspection. The inspector spoke with two staff members and found that they demonstrated a good understanding of the residents' needs and how to

respond to and support them.

The inspection found that some improvements were required regarding staff training and ensuring that all residents or their representatives had signed and agreed to their contract of care as per the regulations.

The following two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service delivered.

Capacity and capability

Prior to this inspection, the Health Information and Quality Authority (HIQA) received unsolicited information that raised concerns about this centre to include compatibility issues amongst residents and medication management practices. HIQA followed up on these concerns and issued a provider assurance report to the centre seeking assurances that there were adequate systems of governance and management in place for the effective oversight of the centre. The information received in the provider assurance report informed some lines of enquiry during this inspection. While residents and family members spoken with reported that they were generally satisfied with the service, some issues were found with staff training and with the admissions process.

This inspection found that the provider had developed a management system that ensured that the service provided to residents met their needs and was effectively monitored. A person in charge was in place. A transition plan was in progress. A new person in charge had been identified and was already working with the residents before they took over responsibility. There was a system in place where audits were completed. Some were carried out weekly and others monthly. Audits included infection prevention and control (IPC), hand hygiene, medication, and personal plan audits. These audits identified areas that required improvement, and there was evidence that actions were taken to improve the service provided to residents.

The inspector reviewed actual and planned rosters. The staff team comprised senior support workers, staff nurses, social care workers and support workers. The review showed that there was a significant staff presence each day. At the time of inspection, the provider was using relief staff and the existing staff team to complete additional shifts. There was, however, a plan to fill the vacancies in the coming weeks. The inspector was provided with information confirming this and shown rosters with the start date of some of the recruits.

There was a system in place to review the training needs of the staff team. An appraisal of this showed that some of the staff team had not completed online and also classroom-based training on topics including IPC practices, medication

management training, hand hygiene and first aid. The inspector notes that only trained staff were administering medication. There was a plan for outstanding training to be completed. However, this should have been prioritised before staff began working with the residents.

The inspector reviewed a sample of the contracts of care that had been devised. It was found that the contracts contained the relevant information but that two of the residents or their representatives had not signed the contract as per the regulations.

Residents and their family members had been supported in raising issues and complaints. There was evidence of these being documented and responded to appropriately. The complainant's satisfaction was also sought out, and learning was identified where possible.

Overall the inspection found that the provider and person in charge had effectively monitored the service provided to the residents. This had resulted in the needs of the residents being met.

Regulation 14: Persons in charge

The person in charge had the relevant qualifications, skills and experience necessary to manage the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had not ensured that all of the staff team had completed the required training before they began working with the residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An appraisal of residents' information found that two of the residents' contracts of care had not been signed by the residents or their representatives as per the regulations.

Judgment: Substantially compliant

Quality and safety

Residents received appropriate care and support that was individualised and focused on their needs and wishes.
Assessments of residents' health and social care needs had been completed as part

of their transition, and further work had been completed since their admission. Care plans had been devised, and there was evidence of work being conducted to develop these further as residents settled into their new home. As mentioned earlier, residents were supported to identify things or activities they would like to do. There was evidence of this being achieved.

Residents were accessing allied healthcare professionals. The review of records showed that occupational therapists, physiotherapists, general practitioners and, more recently, behaviour support specialists had provided support to residents since their transition. There was also evidence of the provider and the centre's management team acting on behalf of residents and seeking out required input for internal and external allied healthcare professionals.

The inspector reviewed medication management practices. Medication management audits were completed by the centre's management team regularly. These practices ensured that the centre had appropriate arrangements regarding medication administration, storage, ordering, and returning of medication. Reviews identified that a medication error had occurred. The provider assessed the incident and determined that improvements were required, and all staff were scheduled to carry out additional medication management training as a result.

As noted above, a system was in place to review and respond to adverse incidents. Incidents were recorded by frontline staff and reviewed by management. Learning was identified where required, and actions were taken to reduce risks. Individual risk assessments had been devised for residents. The inspector reviewed a sample of these and found that they were detailed and that the provider had implemented appropriate control measures. A risk register was created that addressed social care and environmental risks. There was again evidence of this register being under review.

Infection control arrangements at the centre were robust and reflected current public health guidance for managing a possible outbreak. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. Standard operating procedures were devised for cleaning tasks and laundry management. These were detailed and under review.

The provider had ensured that suitable systems were in place to respond to safeguarding concerns. The provider had initiated investigations into allegations and had followed correct procedures when doing so. They had also sent the appropriate notifications for review by the Chief Inspector as per the regulations. Staff members had also been provided with the proper training in the area.

The inspection found that since the residents transitioned into their new home, there had been periods where residents had negatively impacted one another. The incidents had, however, significantly reduced since the residents had formed relationships with their housemates and the staff team supporting them.

Regulation 11: Visits

Residents were facilitated to receive visitors per their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and needs.

Judgment: Compliant

Regulation 17: Premises

The premises were designed and laid out to meet the service's aims and objectives and the residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services
The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: Compliant
Regulation 6: Health care
The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.
Judgment: Compliant
Regulation 8: Protection
The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
Residents were facilitated and empowered to exercise choice and control across a

range of daily activities and had their choices and decisions respected.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drummond Lodge OSV-0008239

Inspection ID: MON-0036979

Date of inspection: 14/07/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Outstanding IPC training completed on the 16.08.22.</p> <p>Outstanding Fire training to be completed by 19.08.22.</p> <p>Outstanding SAMS and Epilepsy training to be completed by the 10th of September.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Contract of Care was signed by both residents on 15.07.22</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	10/09/2022
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/07/2022