



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

## Issued by the Chief Inspector

Name of designated centre:	Elm Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	06 February 2025
Centre ID:	OSV-0008792
Fieldwork ID:	MON-0044012

## About the designated centre

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

Elm Lodge is a designated centre operated by Resilience Healthcare Limited. It provides community residential services to four children with a disability. The designated centre is located on the outskirts of a village in Co. Tipperary. The designated centre is a two-storey house with adjoining apartment. The two storey house accommodates three children and consists of a sitting room, kitchen, dining room, staff office, three children bedrooms (two of which are en-suite) and shared bathrooms. There is an adjoining self-contained apartment which accommodates one child and consists of an en-suite bedroom and open plan kitchen, living and dining room. There is a garden to the rear of the centre with age-appropriate play equipment. The centre is staffed by the person in charge, service manager and support workers.

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

Number of residents on the date of inspection:	4
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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
Thursday 6 February 2025	09:40hrs to 16:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was a short-term announced inspection conducted to monitor on-going compliance with the regulations. This inspection was completed by one inspector over one day.

This designated centre was registered in June 2024 and provides a community residential service to four children. This was the first inspection of this designated centre since the children moved into the house. The inspector had the opportunity to met with four of the children on the day of the inspection. Overall, the inspector found that the children received good quality person centred care and support in this designated centre. However, improvement was required in aspects of staff training.

On arrival to the centre, the children had left the centre to attend school. The inspector carried out a walk through of the house accompanied by the person in charge. The designated centre is a two-storey house with adjoining apartment. The two storey house consists of two sitting rooms, kitchen, dining room, staff office, three children bedrooms (two of which are en-suite) and shared bathrooms. The adjoining self-contained apartment consists of an en-suite bedroom and open plan kitchen, living and dining room. The inspector found that the centre was clean, well maintained and decorated in a homely manner. The children's bedrooms contained their personal possessions. The provider was in the process of further personalising the premises in line with the children's needs. There is a garden to the rear of the centre with age appropriate play equipment including a swing set.

In the afternoon the inspector met with four of the children as they returned from school. One child was observed playing and spending time with staff in the garden before spending time in their apartment. The inspector met with the second child in their bedroom as they played with toys. They noted that they had a good day in school and spoke of their favourite toys. The third child briefly met with the inspector twice in their sitting room. They briefly spoke about their day before indicating that they would prefer to be left alone. This was respected. The fourth resident was in the other sitting room and was observed relaxing after school and planning their evening. Overall, the children appeared comfortable in the designated centre and in the presence of the staff and management team.

Overall, based on what the children communicated with the inspector and what was observed, the children received good quality care and support. The children appeared content and comfortable in the service and the staff team were observed supporting the children in an appropriate and caring manner.

The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The designated centre was registered in June 2024 and this was the first inspection of the designated centre. Overall, there was a defined management structure in place which ensured that the service provided was safe, consistent and appropriate to children's needs. On the day of inspection, there was appropriate staffing arrangements in place to meet the assessed needs of the children. However, some improvement was required in staff training and development.

The centre was managed by a full-time, suitably experienced person in charge. The person in charge was responsible for two other designated centres and a service manager and team leader were in place to support them carry out their role. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the unannounced six-monthly visits and annual review which identified areas of good practice, areas for improvement and developed actions plans in response.

There was an establishing staff team in place which ensured continuity of care and support to the children. From a review of the roster, the inspector found that there were appropriate staffing arrangements in place. Throughout the inspection, the staff team were observed treating and speaking with the children in a dignified and caring manner. There were systems in place for the training and development of the staff team. However, some improvement was required to ensure that all of the staff team had up to date training in de-escalation and intervention techniques.

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and was suitably qualified and experienced for the role. The person in charge was responsible for the day-to-day operation of two other designated centres operated by the provider. There was effective management and oversight arrangements were in place and the person in charge was supported in their role by a service manager and team leader in this designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned and actual staffing roster. The inspector reviewed a sample of the roster and found that there was an establishing staff team

in place which ensured continuity of care and support to the children. From a review of staffing rosters, it was demonstrable that appropriate staffing levels and skill mix were in place to meet the assessed needs of the children. For example, during the day the four children were supported by four staff in the morning before leaving for school and by seven staff in the evening. At night the children were supported by two waking night staff. Throughout the inspection, the staff team were observed treating and speaking with the children in a dignified and caring manner.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including Children First, manual handling and safe administration of medication. However, a number of staff required training or refresher training in de-escalation and intervention techniques to ensure that the staff team had up to date knowledge and skills to support the children. This had been self-identified by the provider through a training needs analysis and there was evidence of training being scheduled.

A staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspector reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy. A supervision schedule had been developed for the upcoming year.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was responsible for two other designated centres and was supported in their role by a service manager and team leader. The person in charge reported to the Director of Social Care, who in turn reported to the Chief Executive Officer.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the children's needs. The quality assurance audits included an annual review and recent six-monthly provider visits. In addition, local audits had been completed in areas including medication, personal care plans and health and safety. The audits identified areas for improvement and action plans

were developed in response.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The provider prepared a statement of purpose which included all the information as required in Schedule 1 of the regulations. This is an important governance document that details the service to be provided in the centre and details any charges that may be applied.
Judgment: Compliant
<b>Quality and safety</b>
<p>The management systems in place ensured the service was effectively monitored and provided appropriate care and support to the children. Overall, the inspector found that the service provided person-centred care and support to the children in a homely environment.</p> <p>The inspector reviewed the children's personal files which consisted of an up-to-date comprehensive assessment of the their personal, social and health needs. Personal support plans reviewed were found to be up-to-date and suitably guide the staff team. The inspector found that there were appropriate systems in place to keep the children safe.</p> <p>There were systems in place for fire safety management. These included suitable fire safety equipment as required and the completion of regular fire drills.</p>
<b>Regulation 17: Premises</b>
Overall, the designated centre was decorated in a homely manner and well maintained. The children's bedrooms contained their personal possessions. The provider was in the process of further personalising the premises in line with the children's needs. There is a garden to the rear of the centre with age appropriate play equipment including a swing set.
Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place to identify and manage risk and keep the residents safe in the centre. There was a policy on risk management in place in the centre.

The inspector reviewed the risk register and found that general and individual risk assessments were in place. The risk assessments were up to date and reflected the control measures in place. For example, there were up to date risk assessments in place in relation to fire, medication and behaviour. All risk assessments were reviewed by person in charge on a regular bases of sooner if required.

Judgment: Compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which had been serviced as required. Personal emergency evacuation plans (PEEP) had been developed for each child to guide staff in the effective evacuation of the centre, if needed. There was evidence of regular fire evacuation drills taking place in the centre since it opened in June 2024 including a simulated night-time/hour of darkness drill.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the receipt, storage and administration of medications. There were arrangements in place for the safe secure storage of medication including Schedule 2 (controlled medication). The inspector reviewed a sample of medication prescribed for the children and found that it was readily available and was in-date. The inspector reviewed the medication records and found that for the sample reviewed medication was administered as required. However, some improvement was required in the practice of recording of opening dates on creams and liquids. This had been self-identified by the provider and steps taken to improve the practice.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of the children's personal files. Each child had a comprehensive assessment which identified the children's health, social and personal needs. This assessment informed the children's personal plans to guide the staff team in supporting children with identified needs and supports. The inspector found that the person plans were up-to-date and reflected the care and support arrangements in place.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Local behaviour support guidelines and plans were in place which guided staff in supporting the children. There was evidence that the children were facilitated and supported to access psychology and psychiatry supports as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices. There was evidence of reduction and removal. As this was a new centre the restrictive practices had been reviewed by the local management team and referred to the organisation's restrictive practices committee for review.

Judgment: Compliant

## Regulation 8: Protection

The provider had systems in place to keep the children in the centre safe. There was evidence that incidents were appropriately reviewed, managed and responded to. The children were observed to appear content in the designated centre. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring the children were kept safe at all times. All staff had completed training in Children First.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Elm Lodge OSV-0008792

Inspection ID: MON-0044012

Date of inspection: 06/02/2025

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff needing CPI, Safety Intervention training, both refresher and the full course will have this training completed by 07.03.2025.	

## 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	07/03/2025