



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

Issued by the Chief Inspector

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| Name of designated centre: | Manderley Lodge |
| Name of provider: | Health Service Executive |
| Address of centre: | Cavan |
| Type of inspection: | Announced |
| Date of inspection: | 03 July 2024 |
| Centre ID: | OSV-0002445 |
| Fieldwork ID: | MON-0035160 |

About the designated centre

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

This designated centre provides 24 hour care and currently accommodates up to 5 female adults from 18 years upwards, with an intellectual disability. The house is a two storey detached house. On the ground floor there is an entrance hallway, a main kitchen cum dining room, a sitting room, a utility room and one double bedroom with an en suite. On the first floor there are four bedrooms one with a shower facility. There is also a main bathroom and a hot press. The external of the premises is fully accessible for residents and parking is available to the front and side of the premises. The house is located on the edge of a large town in Co. Cavan within walking distance to all local amenities. The centre employs a social care worker, care assistants and a CMNII. During the day there are two staff on duty and at night two waking staff. On-call support service is also provided.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|-----------------|------|
| Wednesday 3 July 2024 | 10:10hrs to 18:20hrs | Caroline Meehan | Lead |

What residents told us and what inspectors observed

From speaking with residents, and from what the inspector observed it was clear that residents were enjoying a good quality of life, and their lifestyle was based on the choices they made, and on their aspirations. There was a supportive and caring team in the centre, who were focused on ensuring residents rights were upheld, through accessible, individualised, and respectful communication.

The inspector met all five residents over the course of the inspection, and spoke with four residents about what it was like to live in the centre, important people in their life, as well as talking about their upcoming plans. Residents were observed to be relaxed and content in their home, and chatted away to the inspector and the staff.

Three residents attended day services four days a week. Residents who attended day services liked to have a day off midweek and the person in charge told the inspector this was important for the wellbeing of the residents. On the day of the inspection all residents had a day off from day services, and residents were observed to enjoy tea together while chatting about their plans for the day. For example, some residents were going out for lunch, while another resident was getting their hair done that day.

Residents spoke about activities they liked to do. For example, one resident had retired, and liked meeting up and chatting with people at a community knitting group. They also said they like to go out for meals, and go for walks every day, and had celebrated a significant birthday the previous year with their family and friends.

Another resident told the inspector they had also celebrated a significant birthday this year. It was important for the resident to keep and refer to photos of events and of their family and friends, and they showed the inspector some of their photo collection. The staff team had recognised the relevance of the use of photos for residents, and had adapted written procedures, as well as social stories with residents' photographs.

How residents felt about the service provided had been sought by the provider, at residents' meetings, surveys, as well as feedback following safeguarding concerns. The inspector reviewed eight questionnaires completed by residents, and by family members prior to the inspection. Residents gave very positive feedback of their experiences of living in the centre, and talked about the support staff gave to them. For example, some residents had commented about the how staff had helped them with getting items for their room, such as a pull down pole in their wardrobe to make it easier to reach their clothes. Residents also commented on the meals provided including a range of their favourite meals, and about the activities they liked to do both in the centre and in the community, for example, going to Mass, visiting their friends and families, going out for meals and to the gym. Residents commented they got on well together, with one resident taking about moving to

new accommodation next year, and all their friends in the centre would be moving together with her.

Families expressed in questionnaires that they were also happy with the care and support provided to their loved ones, that the environment was very homely, and that as visitors they have always been made welcome in the centre.

The centre was homely and comfortable, however, the provider had recognised and anticipated the changing needs of the residents, and had sourced new accommodation for residents in a nearby town, with a view to transitioning residents to the new centre in late 2025. In the meantime, this centre had been well maintained, and there was a centre vehicle provided.

Each of the residents individual bedrooms had been personalised with their own choices of colours, seating, and personal pictures and photos. One of the residents told the inspector they liked to spend time in their room, and would take a rest or watch television sometimes during the day. Residents also said they liked to watch movies or comedy shows together, and this had been captured in assessments of preferred activities.

Residents talked about important people in their life, for example, their families, and their friends, and kept in contact by phone, met up with friends, and had regular visits with their families. Staff were observed to be kind and caring in their interactions with residents, and there was a relaxed atmosphere in the centre. Staff were also observed to sensitively communicate with residents, and fluently interpreted their verbal and non-verbal communicative expressions.

The next two sections of the report describe the governance and management arrangements, and how these arrangements positively impacted on the care and support residents received in the centre.

Capacity and capability

The inspection was carried out following an application by the provider to renew the registration of the centre.

The provider had ensured the resources, systems and facilities were in place to provide a person centred service to the five residents living in this centre. High levels of compliance were found, with all 17 regulations inspected found to be compliant.

There were sufficient resources in the centre, and staffing levels were in line with the needs of the residents, and the details in the statement of purpose. Staff were appropriately supervised by the person in charge, and a range of training had been provided, which meant that staff had the required skills and knowledge to meet the

residents' identified needs.

There was ongoing monitoring of the services provided, and responsive actions had been taken to issues identified through review processes. Similarly, the provider had identified the need for alternative accommodation to meet the changing needs of the residents, and there were plans underway for residents to move home in the next year or so.

Specific efforts had been made to ensure that residents understood their rights in terms of making a complaint, and safeguarding issues, and accessible information specific to the residents had been discussed with residents. As a result, residents had raised some concerns and these had been listened to, and acted upon, in line with the provider's complaints procedures.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 15: Staffing

There were sufficient levels of staffing in the centre, to meet the needs of the residents. The centre was staffed by a social care worker acting a team lead, and health care assistants. Staffing levels at night time had increased a number of months ago, in response to the changing needs of residents, and there were now two waking night staff on duty. During the day there were two staff on duty. Nursing support was provided by the person in charge, and at night, nursing support was available in a nearby centre in the event of an emergency.

The inspector reviewed a sample of three rosters for July, May and March 2024, and overall consistent staff had been provided. While the additional staffing at night time had been sanctioned by the provider, approval for recruitment of permanent positions was pending. In the meantime regular relief staff were provided to fill these vacancies. Overall the inspector found residents were being provided with continuity of care and support. Planned and actual rosters were appropriately maintained.

Three staff files were previously reviewed in April 2024, and all records as per schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with the necessary training, which meant they had the skills and knowledge to meet the needs of the residents. Staff were supervised appropriate to their role.

The inspector reviewed staff training records, and all staff training was in date. Mandatory training had been provided in fire safety, managing behaviour that is challenging and in safeguarding. The person in charge and provider had identified a range of training specific to residents' needs, and all staff had completed training in medicines management, manual handling, cardiopulmonary resuscitation, oxygen administration, epilepsy and emergency medicine administration, and in dysphagia. All staff had completed a four module training in human rights, as well as person centred planning.

Additional training had also been provided in food safety, a range of infection prevention and control trainings, assisted decision making, and in the providers' consent policy. The person in charge carried out knowledge checks with staff and had completed safeguarding and fire safety awareness audits with all staff in recent months. The person in charge also completed annual medicine competency assessments with all staff.

The person in charge provided direct supervision of the care and support provided to residents and worked in the centre five mornings a week. They were supported in their role by a social care worker, who also took responsibility for supervising care and support. The inspector reviewed records of two staff supervision meetings, and comprehensive reviews were completed with staff in these meetings, and where required actions developed. The person in charge outlined that going forward, annual performance achievement reviews would be completed with staff.

Judgment: Compliant

Regulation 22: Insurance

The centre has up-to-date insurance, and a copy of the insurance certificate was available in the centre on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

The oversight arrangements in the centre had ensured the service provided to residents was effective in meeting their needs, and was safe. There was a culture of continuous improvement reflected in effective monitoring activities, and responsive actions to residents' wishes and to their changing needs.

There were suitable resources provided in the centre, and this included a well maintained premises, a centre vehicle, staff training, and equipment. The provider had responded to the changing needs of residents and had increased staffing levels at night time. The provider was in the process of rolling out a new procurement card for household shopping, and this would allow for a greater choice of where residents purchased their groceries. The provider had identified the need for alternative premises in the future for residents in this centre, and transition planning with residents had commenced.

There was a clearly defined management structure and staff reported to the person in charge. In their absence the social care worker took responsibility for the management of the shift. The person in charge reported to the director of nursing who reported to the regional manager. There was nurse manager on call out of hours.

There were arrangements in place to ensure the service provided was safe and effective and these included for example, effective risk and incident management procedures, a proactive response to complaints and to safeguarding issues, raising residents' awareness of making complaints, and of self-protection, effective personal planning and timely access to allied healthcare professionals.

The services were monitored on an ongoing basis and included reviews and audits. The actions arising from audits and reviews were compiled onto the centre's quality improvement plan (QIP). The inspector reviewed finance, medicine, person centred planning, safeguarding, and incident audits, and if needed actions were developed following these reviews. Actions were found to be complete, for example, additional training and reflective practice was completed with staff following a medicine error, and residents' personal goals had been reviewed and updated. The actions outlined in the QIP were completed or not due for completion yet. For example, the staffing levels had been increased in response to residents' changing needs, safeguarding awareness audits had been completed with all staff, and there were plans to liaise with contractors regarding works required for the new accommodation.

An annual review of the quality and safety of care and support was completed for 2023, and residents and a family member had been consulted as part of this review. As an outcome to this review person centred planning training had been completed by all staff, risk assessments had been reviewed and updated, and maintenance was completed in shower areas. A six monthly unannounced visit was completed in June 2024, and the progress of actions from the previous review were also reviewed by the assessor. A number of actions had been completed by the day of inspection including incident audits were complete and up to date, and questionnaires were

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| completed with residents, however most actions were not due for completion at the time of the inspection. |
| Judgment: Compliant |
| Regulation 3: Statement of purpose |
| A statement of purpose was available in the centre, and reflected the services and facilities provided in the centre. The statement of purpose had been reviewed recently. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| <p>There were suitable arrangements for the management of complaints, and residents had been supported to voice their concerns.</p> <p>The inspector reviewed a sample of four records of complaints made by or on behalf of residents, and all complaints had been investigated, and actions put in place to address these concerns to the satisfaction of the complainants. Since the last inspection, residents had been provided with revised information on making complaints, and this information had been made more specific to the residents themselves, to promote their understanding.</p> <p>The person in charge was nominated as the complaints officer, and a clinical nurse manager 3 in the region as the nominated person to review and maintain records of all complaints received.</p> |
| Judgment: Compliant |
| Quality and safety |
| <p>Residents were provided with a good quality of care and support, ensuring their needs were met, their rights were upheld and they were safe. There was a person centred approach to care and support, which meant that residents were living a life based on their preferences, while ensuring they had the necessary information to make these choices and to experience a range of opportunities.</p> <p>Residents' needs had been assessed, and assessments were based on information</p> |

provided by residents, the staff team and by multidisciplinary team members. Personal plans were developed and guided the practice in the provision of health, social, and personal care interventions. Similarly residents' communication needs had been identified, and a range of methods were used to support residents' communication including photos, gestures, and accessible information.

Residents enjoyed activities in the community and in the centre, and talked about their goals and upcoming plans. Residents' rights were upheld, and the choices, and decisions made by residents were the basis of how the centre was organised on a day to day basis.

Risks had been assessed, and there was ongoing review, as incidents occurred, or as new risks emerged. Where safeguarding risks had been identified, these were managed appropriately to ensure residents' safety. Similarly where residents required support with their emotional wellbeing, there was effective behavioural support provided.

Safe and suitable arrangements were in place for fire safety.

Regulation 10: Communication

Residents were supported to communicate and were provided with the necessary assistance to help them with their communication needs.

Residents' communication preferences had been identified as part of the assessment of need, and residents' communicated verbally. Some residents also lip read, used gestures, or used photos during conversations, and staff were observed to effectively interpret residents communicative intent. The staff team had identified the need to support residents understanding of some policies, procedures and safety initiatives, and social stories had been developed using residents own photos in, for example, road safety, and the complaints process.

One resident liked to get the local paper every week, and used written word as well as their laptop and iPad. Residents accessed the local library in the community, and had access to television, the internet and radio in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured residents were provided with appropriate care and support, and the support provided was based on residents' wishes, and on their assessed needs.

Residents enjoyed a varied lifestyle both in the centre and in the community, and they decided how they wished to spend their day. Three residents went to day services during the week, and one of these residents also had a job in a supermarket one day a week. One resident had retired, and was supported along with their peer by staff, to access activities. Residents took a day off midweek, and met to decide on their plans for the day. For example, on the day of the inspection a resident said they had enjoyed lunch out that day.

Residents liked to go to concerts, out for meals, go shopping, and it was important for them to get their hair done, as well as go to the beauticians. The person in charge explained the importance of residents meeting and chatting with people they knew in the town at community activities, for example, at a knitting club two residents attended, or at a recent positive aging seminar. Residents were supported to visit their families, or visitors were also welcome in the centre.

Residents met with their keyworker and goals were developed and updated every six months. Residents told the inspector about some of the goals they had planned including going on summer holidays. Another resident told the inspector they have a personal trainer and enjoy one to one sessions in the gym, as well as regular swimming sessions.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide submitted as part of the application to renew the registration of the centre, and it contained all of the required information. The residents' guide was available in an easy to read format in line with residents' communication needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre, and appropriate actions were taken following adverse incidents in the centre.

There was an up-to date policy in place, and the policy include the measures to control the risks specified in regulation 26. There was an up to date safety statement in place, and a risk register was maintained, outlining risks specific to the centre. The inspector reviewed a sample of control measures for four risks including driving, falls, fire and the use of window restrictors, and the control measures were implemented in practice. These included for example, completing a vehicle safety

checklist, using wet floor signs, wheelchair accessibility, thumb turn locks on doors, and staff awareness of how to open window restrictors in an emergency. The local safety statement had been reviewed in April and included emergency planning, for example, the response to severe weather events.

Individual resident risks had also been assessed, and control measures were implemented, for example, full supervision for a resident during mealtimes, and a recommended feeding, eating drinking and swallowing plan implemented due to a risk of choking. The person in charge and a staff member outlined the control measures implemented due to an emerging risk of falls for a resident, and included the use of a knee brace, attending a physiotherapist as needed, as well as a review with the occupational therapy for a wheelchair for the resident while accessing the community.

The inspector reviewed records of incidents in the centre for five months in 2024. All incidents had been reviewed by the person in charge, and an audit of incidents was completed monthly. Follow up actions were implemented following incidents, and included immediate actions to ensure residents' safety, and actions to reduce the risk of reoccurrence. These included a resident attending their general practitioner, reviews with a physiotherapist, reflective practice with staff, and additional refresher training in medicines management.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety systems were in place, including measures for the detection, containment and fighting of fire, as well as evacuation of the centre.

The inspector observed the centre was equipped with a fire alarm, fire extinguishers, emergency lighting, a fire blanket, and fire call points, and there were fire doors installed throughout the premises. The fire evacuation plan was prominently displayed in the hall, and all fire exit routes were clearly marked, and were free from obstruction. The inspector reviewed service records of fire equipment and all equipment had been serviced within the required intervals, including quarterly fire alarm and emergency lighting, and annual fire extinguisher and fire blanket services.

The fire evacuation plan had been developed into an accessible format, and each resident had a copy of this in their bedrooms. Residents' needs had been assessed, and the support they needed to evacuate the centre was set out in personal emergency evacuation plans (PEEP). There was enough staff support at all times to support residents to evacuate in line with their needs. All staff had up-to-date training in fire safety.

Fire drills had been completed every four months and had included a night time evacuation. Residents had been supported by staff to evacuate the centre in a

satisfactory timeframe, and no issues had arisen during fire drills. Staff completed fire safety checks including weekly emergency lighting, fire alarm test, fire extinguishers, fire notices, and electrical hazards, and all records were complete for 2024. A fire door inspection was completed at six monthly intervals.

Overall the inspector found that the ongoing fire safety measures meant that staff and residents were prepared to respond in the event of a fire to ensure their safety, and the provider had the systems in place to mitigate the impact of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and personal plans were developed, and were based on their wishes and needs, and on the recommendations made by healthcare professionals.

The inspector reviewed one resident's file with a staff member, and two additional residents' files. Assessments of need had been completed, and were based on how the residents wished to live their life, on continual review of emerging needs, and by healthcare professional assessments. The staff member described in detail the needs of one resident, as well as the support provided in the centre, in the community and hospital services to meet the needs of the residents. These included healthcare supports, social activities, safety plans, as well as transition plans for new accommodation for all residents in the centre. The inspector observed that all plans were detailed, up-to-date, and guided practice. This meant where emerging needs had been identified in recent months there were clear instructions on how best to meet the residents' specific needs and keep them safe.

Personal plans had been regularly reviewed in consultation with residents' healthcare professionals, and families were invited to attend an annual review meeting of residents' needs, plans and goals.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were met through ongoing monitoring interventions, and prompt responses to emerging healthcare concerns, as well as timely access to healthcare professionals.

Each of the residents' healthcare needs had been assessed, and residents regularly attended their general practitioner in the community. A staff member described the healthcare needs of one resident, and the interventions in place to support the

resident. These included a range of assessments and supports following falls, and an emerging health care need. Residents had been supported to avail of national healthcare screening programmes, for example, breast check and bowel screen, as well as national vaccination programmes.

There was ongoing monitoring of residents' healthcare needs both in the centre, and in local community and hospital healthcare services. Residents accessed the services of a physiotherapist, speech and language therapist, occupational therapy, dietician, and chiropodist, and the staff had ensured a range of monitoring interventions were completed for example, weights, blood testing, memory monitoring, and blood pressure.

Residents had been provided with accessible information regarding their healthcare needs and supports.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and could access the services of a psychiatrist and a behaviour specialist.

The inspector reviewed two behaviour support plans, and residents emotional needs had been assessed, and the plans defined the type and functions of behaviour. Proactive and reactive strategies were developed, and described the support to help residents manage their behaviour. Behaviour support plans had been recently reviewed. There were some environmental and physical restrictions in use in the centre, and all restrictions had been reviewed by the multidisciplinary team in April 2024. The inspector found restrictive practices were implemented relative to the risks presented, for example, mobility risks, safety risks and to ensure the privacy of residents was protected.

All staff had attended training in managing behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Satisfactory measures were in place to protect residents and appropriate actions had been taken in response to safeguarding concerns.

There was a policy in the centre on safeguarding and all staff had up-to-date training completed. Residents had been provided with revised accessible information on safeguarding, and this had resulted in residents raising incidents where they felt

their safety may have been compromised. There had been some safeguarding incidents reported to HIQA, and the inspector reviewed documentation pertaining to these incidents. All incidents had been reported to the safeguarding and protection team, and the person in charge had ensured safeguarding plans were developed and implemented. These had included for example, using social stories, and ensuring increased supervision and inter-positioning between residents and staff if indicated.

The person in charge had completed surveys with residents following safeguarding incidents, and residents had expressed they were happy with the outcome following incidents and felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld and they were supported with relevant and accessible information to help them make choices and to live a life of their choosing.

Residents had the freedom to exercise choice, and these choices formed the basis of the day to day lives of the residents. As mentioned, three residents attended day services, and two residents told the inspector about some of the additional choices they made when they were at home in the centre. For example, one resident liked to go to the gym and swimming, and also worked in a supermarket once a week. Another resident said they loved country music, and had an upcoming holiday planned, where a country music singer would be performing. Two residents did not attend day services, and were supported by staff to do activities in the community and in the centre. One of these residents told the inspector they really liked meeting people at a knitting club, as well as visiting the church, and going out for meals. The resident said they liked to have a rest in the middle of the day, and took a short nap every day.

Residents were provided with accessible information to ensure they were aware of their care and support needs, as well as advocacy, safeguarding, complaints, food choices, and road safety information. The responses of residents to information provided was comprehensively recorded in residents' meetings, so as to provide assurances of residents understanding of information, as well their opinions. Residents had chosen to have meetings once a month, and they also discussed their goals, holiday plans, and meal choices, for example.

Residents had been informed about advocacy services, and an external advocate had met with all residents late last year. Residents had also been informed about infection prevention and control procedures, and a resident told the inspector about their experience of managing self-isolation.

Staff were observed to seek residents' consent before an activity, or intervention, and written consent had been received with regards to personal planning, and

internet safety. The privacy and dignity of residents was respected. For example, their personal information was a securely stored, and there were suitable facilities to ensure that during intimate care, their privacy could be ensured.

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 |
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| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |