



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

Issued by the Chief Inspector

Name of designated centre:	Sugarloaf Lodge
Name of provider:	The Rehab Group
Address of centre:	Dublin 18
Type of inspection:	Announced
Date of inspection:	29 May 2023
Centre ID:	OSV-0005045
Fieldwork ID:	MON-0030893

About the designated centre

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

Sugarloaf Lodge provides community residential services to three residents, over the age of 18. It is located in a suburban area in Dublin city and is operated by Rehabcare. The designated centre is a bungalow and consists of a sitting room, kitchen/dining area, a sensory room, a staff sleep over room, an office, a bathroom and three individual bedrooms. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge, social care workers and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Monday 29 May 2023	09:40hrs to 16:40hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about the renewal of the registration of the designated centre. The inspector found that residents were enjoying a good quality of life and were receiving a good standard of person-centred care. There were high levels of compliance found across a number of regulations and these are detailed in the body of the report.

The designated centre is a large bungalow in south county Dublin. It is home to three adults who have a diagnosis of intellectual disability and present with medium to high support needs. The house comprises a large sitting room, two staff offices, a sensory room, a kitchen with dining space and three resident bedrooms. Two residents had en suite bathrooms, while another had their own shower room. There was also a large accessible bathroom available. The person in charge told the inspector about grants which they had applied for in order to equip the sensory room for one resident. The multisensory room had various options of sensory activities and sensory experiences which included a multicolour projector, bubble tube, mirror ball and lights systems. One resident was observed going in and out of the sensory room and engaging with musical toys during the afternoon. The kitchen area had been made accessible for a resident who enjoyed baking. The cooker and the kitchen were both height adjustable to promote the residents' independence. To the rear of the house was a large garden which had a ramp down to enable access for all residents. Again, the person in charge had applied for funding from the local council to equip the garden with a swing and musical equipment for residents to enjoy. The house was found to be very clean, warm and in a good state of repair. There was a homely atmosphere, with photographs of residents engaging in activities on the walls and residents' rooms were personalised to them.

Residents in the house had a variety of communication support needs. These required staff to take a total communication approach which valued all forms of communication which residents used. Residents used speech, body language, eye contact, vocalisations and placing themselves in a space in the house to indicate what they wanted and use of idiosyncratic words which had very specific meanings attached to them. The inspector saw numerous examples of good practice in supporting residents to access communication in addition to exercising their right to make decisions. Staff endeavoured to ensure that residents had access to information using a variety of formats. For example, for one resident who enjoyed a consistent response to some questions about their routine, staff used a dictaphone to enable them get the same message from all of the team. Another resident was in the process of learning to use the picture exchange communication system. Person-centred plans had been made accessible using physical objects to represent residents' preferred activities and goals.

The inspector had the opportunity to meet with the three residents on the day of the inspection. One resident spoke about having a busy schedule which included voluntary work, attending college, bocce, hip-hop, being in a drama society ,

walking and aqua aerobics. They were also a member of a national organisation promoting awareness of people living with a specific health care condition and spoke about events they had taken part in and spoken at. They spoke about a recent event they were at with the organisation and how they had obtained a qualification from a college course they completed. They spoke about their plans to do another course and their hopes for the future. The second resident returned from their day service and was supported by staff to settle into their afternoon routines. They showed the inspector the sensory room where they spent time and interacted with staff. They appeared comfortable and content. Another resident was observed moving around the house and requesting items they enjoyed from staff. Staff used their personal exchange communication system to support them to request these items. Staff told the inspector about upcoming holidays for the residents, and how each resident would be supported to enjoy individualised holidays with staff this year.

Residents in the centre led busy lives and were supported to engage and attend a number of different activities. Two residents attended a day service while another resident had completed a college course. and attended day service, voluntary work in addition to a range of community-based activities such as drama, hip-hop, bowling, bocce. One resident had recommenced weekly music therapy, while others did art and attended local clubs. One resident enjoyed cooking and staff supported the resident to grow herbs they enjoyed in a raised planter in the garden.

Staff had completed training a human-rights based approach in health and social care. While staff were unable to provide the inspector with concrete examples of the impact of this training, it was evident that a rights-based approach was taken to supporting residents in this centre. The centre's statement of purpose outlined the rights which were underpinning the care in the centre. These included respecting residents' rights to individuality, choice respect, capability, relationship, community inclusion, personal expression, safety and well being and voice. The inspector noted a number of examples of good practice in both respecting and upholding residents' rights in the centre throughout the day. For example, one resident was on an advocacy group and worked as a self-advocate with a representative organisation. They had been supported to access education and complete a college course. Staff had advocated for the resident with the college to afford the resident flexibility and adapt to their needs to enable them to attend and complete course work. Another resident had been supported to meet software developers to design a specific communication application for them, while another had been supported to give feedback to a company on new sensory equipment they were trialling.

Questionnaires had been sent out to the person in charge prior to the inspection taking place. The questionnaire seeks feedback on key areas of the service such as the premises, the support residents receive, their rights, complaints, food and staffing. The inspector viewed three questionnaires which had been completed by, or on behalf of residents. One questionnaire stated that the family were "delighted" with staff. Another said that the house had a "lovely atmosphere" and was "very welcoming". A resident reported that they were very happy living in their home. Residents were well supported to maintain relationships with family members. Some residents went home regularly and family visits were also welcome. There were

clear systems of communication in place between family members and staff in the centre.

In summary, from what the inspector observed, from what residents told us and a review of documentation, it was evident that residents were supported to have a good quality of life in the centre. All of the residents appeared comfortable and content in the company of staff and in their home. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements affected the quality and safety of care in the centre.

Capacity and capability

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of two team leaders. The provider had recently restructured the senior management team and the person in charge engaged with both the person participating in management and the director of care a number of times throughout the year. Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. The provider had carried out an annual review of the quality and safety of resident care in the centre. However, the review had little detail on the consultation which had taken place with residents.

There were a number of monitoring systems in place such as monthly status reports, internal health and safety audits, medication reviews, IPC audits, complaints and compliments log and monthly team leader audits. Actions were recorded and tracked for each of these and reviewed regularly to ensure relevant tasks were completed. Team meetings with staff took place every 4-5 weeks. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits, risk assessments, fire, IPC, safeguarding and training. There was evidence of sharing learning across the organisation.

The provider had employed a suitably qualified and experienced person in charge for the centre. The person in charge worked on a supernumerary basis and was supported in their role by two team leaders. Both leaders worked on the floor and had set hours to complete paperwork and assigned tasks within their days. One team leader was on duty each weekend and sent a weekly report to the person in charge.

A review of planned and actual rosters indicated that there was an appropriate number of staff who had the required knowledge and skills to support residents in line with their assessed needs. It was evident that residents enjoyed good continuity

of care in the centre. Staff training was also found to be provided in line with residents' assessed needs. Staff had completed a number of training courses in both mandatory areas identified by the provider, in addition to training in relation to residents' specific care and support needs. Staff supervision was taking place in line with the provider's policy. A sample of supervision records was viewed by the inspector. A contract was in place and sessions had a number of standing items in place such as targets and goals, training, action plans and infection prevention and control.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the required information to the Authority to apply for renewal of the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a suitably qualified and experienced person in charge. The person in charge had worked in that role since 2018 and had a good knowledge of all of the residents and their assessed needs in addition to their interests.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill mix of the staff team was appropriate to the number and assessed needs of residents and in line with the centre's statement of purpose. The centre was fully staffed on the day of the inspection and therefore, residents enjoyed good continuity of care. Planned and actual rosters were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had done a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included

training in mandatory areas such as fire safety, safeguarding of vulnerable adults, cardiac first response, personal and intimate care, finances and food safety. Staff had also completed a number of training sessions in areas related to infection prevention and control such as hand hygiene, respiratory etiquette and personal and protective equipment. Staff had completed training on a human rights-based approach to health and social care. Staff supervision was taking place in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had carried out an annual review of the quality and safety of resident care in the centre in line with regulatory requirements. However, the review had little detail on the consultation which had taken place with residents. This was a repeated finding.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which met regulatory requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice in writing of any adverse events which had occurred in the centre. Quarterly notifications had also been submitted in line with regulatory requirements.

Judgment: Compliant

Quality and safety

As outlined in the opening section of the report, residents in this centre were found

to be in receipt of a good quality , person-centred service. They had busy schedules and engaged in activities of their choosing, both inside and outside of their home.

Residents were supported to enjoy best possible health. They had access to a GP and to health and social care professionals in line with their assessed needs. These included a public health nurse, consultants, occupational therapy, dietetics , physiotherapy and behaviour therapy. Health action plans were in place to ensure that residents with specific needs were supported to enjoy best possible health. There were clear procedures in place for one resident to ensure that their distress was minimised on any healthcare appointment. Hospital passports in place which included detail on how residents communicated. There was evidence of the staff endeavouring to make health information accessible to residents and of obtaining consent for healthcare interventions, as appropriate. However, for one resident who was identified at risk of choking and on a modified diet, a review of this residents feeding drinking and swallowing difficulties had not taken place since 2016.

Residents who presented with behaviours of concern were found to be well supported in the centre. They had positive behaviour support plans in place to guide staff. Any restrictive practices were appropriately identified and reviewed twice a year by the person in charge in consultation with the behaviour therapist and the resident.

As outlined at the beginning of the report , residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to personal communication dictionaries and hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand Staff were aware of communication supports residents required and were noted to be responsive and kind.

Residents had access to a number of facilities for occupation and recreation and this included a range of activities including opportunities to access third level education. Residents were found to be well supported to develop and maintain personal relationships with those who were important to them.

The premises was found to be designed and laid out to best support all of the residents living there. It promoted accessibility for residents to be able to freely move about their home and to access everyday equipment in the kitchen. It was warm, clean and well maintained. The house was homely throughout and residents' bedrooms were personalised to them and their interests.

The registered provider ensured that there were systems in place to assess, manage and review risk, including a system for responding to emergencies. Adverse events were documented and any learning was shared with staff to ensure any remedial actions were put in place where required. The inspector found that there were effective fire safety management systems in place which included detection and

containment systems, fire fighting equipment and emergency lighting. Fire drills demonstrated reasonable evacuation times and all residents had a personal emergency evacuation plan.

Regulation 10: Communication

Residents were assisted and supported to communication in accordance with their needs and wishes. As detailed in the opening section of the report, staff were aware of and responsive to residents' individual interactions. Communication access was promoted through the use of social stories, accessible information, objects of reference, recorded audio, visual supports and communication support plans.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in the centre were well supported to access facilities for occupation and recreation in line with their preferences and assessed needs. They had opportunities to participate in a range of activities such as swimming, bowling, special Olympics, dance, drama, music therapy, art and day services. Residents were supported to maintain relationships with those who were important to them through regular communication and visits.

Judgment: Compliant

Regulation 17: Premises

As outlined in the opening section of the report, the premises was well laid out to meet the residents' assessed needs in line with the statement of purpose. The premises was accessible throughout, with wide corridors, level flooring and wide doors. Kitchen equipment was adapted for wheelchair users so they can participate in food preparation and cooking. This enabled the resident to enjoy freedom of movement in the centre and promoted their independence. Low profiling beds are in the bedrooms and specific shower adapted chairs were also in place where required. Residents had ample space to engage in activities of their choice with or without other residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide in respect of the designated centre and this included information specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable risk management procedures in place which ensured that risk was appropriately identified, assessed, managed and regularly reviewed. There was a detailed contingency plan in place for a number of different types of emergency at corporate level in addition to types of emergency that could occur in the centre. The centre had a risk register in place which was regularly reviewed. Each resident had a number of risk assessments in place which were also regularly reviewed.

Adverse events were documented and reported using the provider's online system. This meant that incidents could be easily tracked and trends could be identified quickly. There was evidence that incidents and accidents were a standing agenda item for staff meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitable systems in place to protect residents and staff from the risk of fire. There were detection and containment systems in place in addition to fire fighting equipment, emergency exits and emergency lighting. Regular checks and maintenance of all fire equipment took place. A sample of five fire drill reports were viewed. These were well documented and included a description of the scenario used and identified any issues to be addressed. Drills were carried out with the minimum staffing ration and demonstrated reasonable evacuation times. Residents had individual personal emergency evacuation plans in place and these were reviewed on a regular basis.

Judgment: Compliant

Regulation 6: Health care

For the most part, residents had accessed clinical supports as were required. However, one resident in the centre had a risk assessment in place in relation to choking and was on a modified diet. They had not been reviewed by a speech and language therapist since 2016. Therefore, there was not adequate guidance in place to ensure that the resident was offered foods of their choosing which were prepared in line with their assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that appropriate supports were in place for residents who presented with behaviours of concern. Residents had access to a behaviour therapist. Positive behaviour support plans were in place. These identified proactive and reactive strategies for staff to use with residents and included information on supporting communication.

There was a small number of restrictive practices in place in the centre, which included use of clinical holds. Restrictive practices had been considered in relation to residents' rights and there was evidence that some restrictions had reduced significantly for one resident. Where a resident did require a physical hold, there was a clear procedure in place for staff who had completed training to sign in order to ensure that staff used the least restrictive option for the shortest space of time, while ensuring that the residents' healthcare treatments or assessments were carried out in a way which minimised distress. Where a restriction was in place for a resident, the rationale was discussed with the resident on a regular basis and written consent was obtained.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had carried out a safeguarding audit in the year prior to the inspection taking place and this included questioning staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding scenarios were used at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted

residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sugarloaf Lodge OSV-0005045

Inspection ID: MON-0030893

Date of inspection: 29/05/2023

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • More in-depth consultations with residents will be included in the next Annual Review. Staff who know residents and understand their communication will support residents and the reviewer to engage in the process. 	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: <ul style="list-style-type: none"> • PIC contacted new SLT and submitted the referral for the assessments to be conducted. SLT Assessment and Feeding/Choking Assessment are scheduled for the month of July. • Current SLT assessment outlines the guidelines on feeding which also correspond with Support Plan and Risk Assessment, these will be further reviewed following the SLT assessment. 	

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 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	11/11/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	01/08/2023