

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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	16 November 2021
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0026946

## About the designated centre

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

This is a service providing residential care and support to five adults. The house is located in rural location Co. Meath however, is in walking distance to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as go to college, go to shopping centres, hotels, shops and restaurants. The house is a large detached two storey bungalow, comprising a large well equipped kitchen, spacious dining room, a fully furnished sitting room/TV room, a laundry facility and very well maintained gardens to the rear and front of the premises. Each resident has their own en-suite bedroom which is personalised to their individual style and preference. There is ample private parking to the front of the property. The healthcare needs of the residents are provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a full time person in charge, two deputy team leaders and a team of assistant support workers.

**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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 November 2021	10:15hrs to 18:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The inspector met with five of the residents and spoke with four of them so as to get their feedback on the service provided. Written feedback on the quality and safety of care from one resident was also reviewed as part of this inspection process. The inspector also spoke with one family representative over the phone so as to get their feedback on the service provided.

On arrival to the house the inspector observed it was clean, spacious, warm and welcoming. The inspector met one resident at this time, who was watching television with a staff member. The resident appeared happy and content in their home and relaxed and comfortable in the company and presence of staff.

The house comprised of a large lobby/entrance hall, a staff office, a staff sleepover room, two separate sitting rooms, a large fully equipped kitchen, a sun room and a utility facility. Each resident had their own ensuite bedroom and a communal bathroom was also available on the ground floor. There were also well maintained garden areas to the front and the rear of the property.

The inspector spoke with one resident at the earlier stages of the inspection process and they said they were happy living in the house and were looking forward going to the Christmas markets in Galway next month. The resident appeared to have a positive rapport with the staff team and told the inspector that they would speak with a staff member if they had any issues in the house. The resident worked outside of the centre two days a week and said that they enjoyed this work. They also liked to help maintain the garden in their home and had been growing their own vegetables in the back garden over the summer months. The resident also liked bingo and staff supported them with this pastime.

Another resident had recently moved into the house and told the inspector that they were happy there and had planned to go shopping later that day with staff. They said they were also very happy with their room and with the menu options available. This resident appeared to have a positive relationship with staff and also said that they would speak with a staff a member if they had any issues in the house.

Residents held weekly meetings where they planned and agreed on menu options, outings and tasks for the week. The inspector observed some residents chatting with staff while preparing the evening meal in the kitchen area and noted that they seemed to enjoy this activity.

One resident told the inspector that they couldn't imagine living anywhere else and they were very happy there. They said that they got on well with staff and could chat with their key-worker at any time. The inspector spoke with this resident's key-

worker during the inspection process and they explained that the resident had a keen interest in fashion and cooking and was being supported to develop these interests. They also said that the resident would speak with them to let them know if they had any issues in the house.

The inspector was invited to view two residents bedrooms and saw that they were decorated to take into account their individual style and preference. One resident told the inspector that they had been to a job interview that day and were continuing to apply for other jobs. The resident had also completed some college courses and showed the inspector some of their certificates which they had framed. They were hoping to attend further courses at a later date and had also successfully completed online courses over the last few months. The resident informed the inspector they were happy living in the house and got on well with staff.

Written feedback viewed by the inspector from one resident on the quality and safety of care was also positive. For example, they said they were happy with their room, with the food options available, social activities on offer, the care and support provided and the staff team. They also said that if they were unhappy about anything or had any complaints they would speak with their key-worker.

Feedback from one family representative (spoken with over the phone) was equally positive and complimentary on the quality and safety of care provided in the house. They said they were very happy with the service and knew that their relative was safe there. They also said that their family member had blended in well and there were lots of activities on offer ranging from swimming to a day service option. They also said that their loved ones welfare and healthcare needs were being provided for. Overall they reported that they had no complaints, their relative was happy and content in the house, they were very well cared for, they were happy with their accommodation and would let them know if they had any issues.

While acknowledging that the current staff team were fine and that they would speak to the person in charge if they had any concerns, the family representative did say there had recently been a high turnover of staff in the centre. Notwithstanding, they also said they had no issues at the time of this inspection and that their loved was very happy living in the house.

From reviewing a number of documents and files over the course of this inspection, the inspector observed that the centre supported some residents with significant and complex needs. In order to manage the risks associated with this, high levels of staff support and supervision were provided, where required, 1:1 staff support was in place, a number of individual risk assessments were also in place as were a number of safeguarding plans.

However, while feedback from four residents spoken with and one family representatives on the quality of service provided was complimentary and positive, some issues were found with the staffing arrangements and the process of risk management.

The following two sections of this report discuss the above points in more detail.

## Capacity and capability

Residents appeared happy and content in their home and for the most part, the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the staffing arrangements in this service.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a Director of Operations, two deputy team leads and a team of assistant support workers. The person in charge was a qualified social care professional and provided leadership and support to their team.

They were also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

Systems were in place to ensure staff were trained and supervised so that they had the skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection prevention control. Of the staff spoken with as part of this inspection, the inspector was assured they were aware of the assessed needs of the residents in their care.

However, the staffing arrangements for this house required review. The centre was supporting a number residents with significant complex needs and in order to manage the risks associated with this, high levels of staff support and resident supervision was required at all times. From a review of documentation and notifications, the inspector noted that an adverse incident had recently occurred in the centre where there was a lapse in the required supervision. The person in charge responded to this situation immediately and reported it to HIQA as required by the regulations. However, given that this lack of supervision had the potential to negatively impact on residents, the staffing arrangements required review so as to ensure there was adequate staff support and supervision in place at all times to meet the assessed needs of the residents and to ensure their wellbeing and safety.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. The person in charge was aware of their legal remit to update the statement of purpose annually (or sooner) as required.

Systems were in place to ensure the house was monitored and audited as required

by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents.

For example, recent audits of the centre identified that the safety statement needed to be updated, fire drill documentation needed review, and weekly checks were required for the transport used in the centre. All these issues had been actioned and addressed by the person in charge prior to this inspection.

#### Registration Regulation 5: Application for registration or renewal of registration

The registration manager submitted an application for the renewal of the registration of the centre as required by the regulations and in a timely manner.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a qualified social care professional and provided leadership and support to their team. They were also found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

Judgment: Compliant

#### Regulation 15: Staffing

The staffing arrangements for this house required review so as to ensure there was adequate staff support and supervision in place at all times to meet the assessed needs of the residents and to ensure their safety.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Systems were in place to ensure staff were trained and supervised so that they had



the skills to meet the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The registration manager submitted up-to-date information confirming there was insurance cover for this centre as part of the renewal of registration process.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a Director of Operations, two deputy team leads and a team of assistant support workers. Systems were in place to ensure the house was monitored and audited as required by the regulations.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. The person in charge was aware of their legal remit to update the statement of purpose annually (or sooner) as required
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the service was required by the Regulations.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. For example, some residents attended a day service where they engaged in work-based and/or social activities of their choosing. Residents were also supported to frequent local shops, shopping centres, restaurants and cinema. One resident was also being supported to pursue employment in the community and where a resident had an interest in a particular activity such as cooking or fashion, it was being supported and encouraged by staff. Transport was also available for trips and social outings.

Residents were supported with their healthcare needs and, as required had access to a range of allied healthcare professionals, to include general practitioner (GP) services which formed part of the service provided. Residents also had access to a dentist, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Regular access to psychiatry, psychology and psychotherapy support was also provided to support residents experience positive mental health and wellbeing. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with one staff members over the course of this inspection, the inspector was assured that they were aware of the assessed needs of the residents.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were a number of open safeguarding plan in place at the time of this inspection to ensure each residents safety in the centre. The inspector spoke with four residents over the course of the inspection and they all said if they had any issues in the centre, they would speak with a staff member and/or their key worker. A family member spoken with also said they were satisfied with the quality and safety of care provided in the centre. From a small sample of files viewed, staff had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer, complaints officer and an independent advocate was available in the centre. One staff member spoken with also informed the inspector that if they had any concerns about the safety or welfare of any of the residents in their care, they would escalate such concerns to management without hesitation.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, it was identified that staff had to have specific training to manage a certain risk in the centre however, the person in charge informed the inspector that not all staff were required to have this training. This wasn't explicitly stated in the risk assessment. Other risks were being controlled by having high levels of staff supervision and support available in the centre however, in some risk assessments this was not always explicitly stated. This lack of clarity may result in staff not having the most appropriate information to managed identified risks. This issue was discussed with the person in charge on the day of this inspection.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, staff also had training in fire safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand-washing facilities available and hand sanitising gels were in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. The premises were observed to be clean and well maintained on the day of the inspection.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff and family representatives as required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Staff were also observed to be respectful and supportive of the residents individual preferences and choices.

### Regulation 17: Premises

The premises were observed clean and well maintained on the day of this inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, it was identified that staff had to have specific training to manage a certain risk in the centre however, the person in charge informed the inspector that not all staff were required to have this training. This wasn't explicitly stated in the risk assessment. Other risks were being controlled by having high levels of staff supervision and support available in the centre however, in some risk assessments this was not always explicitly stated. This lack of clarity may result in staff not having the most appropriate information to managed identified risks.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were adequate hand-washing facilities available and hand sanitising gels were in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. The premises were observed clean and well maintained on the day of this inspection

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, staff also had training in fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their

families.
Judgment: Compliant
<b>Regulation 6: Health care</b>
The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a dentist, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were a number of open safeguarding plan in place at the time of this inspection to ensure each residents safety in the centre. The inspector spoke with four residents over the course of this inspection and they all said if they had any issues in the centre, they would speak with a staff member and/or their key worker. A family member spoken with also said they were satisfied with the quality and safety of care provided in the centre.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Systems were in place to support the rights of the residents and their individual

choices were promoted and respected (with support from both staff and family representatives as required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Staff were also observed to be respectful and supportive of the residents individual preferences and choices.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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

# Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0026946

Date of inspection: 16/11/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The PIC completed a review of staffing supports in Centre and all staff will be briefed in the Team Meeting (17.12.21) on each Residents assessed needs as outlined in their Personal Plan and Individual Risk Management Plan.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The PIC has reviewed risk management procedures within the centre.</p> <ol style="list-style-type: none"> <li>1. The PIC has updated risk management plans to outline any specific training that staff should complete in order to support Residents. (9.12.21)</li> <li>2. The PIC has updated risk management plans to outline what level of staffing support and supervision is in place to support each Resident. (Completed 9.12.21)</li> </ol>	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	17/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	17/12/2021