



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

Issued by the Chief Inspector

Name of designated centre:	Blackwater Lodge
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0005889
Fieldwork ID:	MON-0038251

About the designated centre

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

This service provides residential care and support to adults with disabilities. The centre can accommodate up to five residents and is situated in a large town in County Meath. The house comprises a large two-storey dwelling with on its own private gardens. Accommodation includes five bedrooms, three of which are en-suite, two communal bathrooms, a kitchen-dinner, utility room, sun room, office and a living room. The centre is staffed with person in charge, two team leaders and a team of direct support workers. Where required, nursing support can also be provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 25 October 2022	10:20hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place over one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was 5 residents residing in the house and was situated near a town in Co Meath. The centre comprised of a large detached house with well maintained garden areas to the front and rear of the property. There were five individual bedrooms, three of which were ensuite, a sitting room, a large open plan kitchen dining room and sun room, a utility room and two communal bathrooms.

On arrival to the house the inspector was met by the team leader and the person in charge. They asked the inspector to sign in and to sanitise their hands prior to showing them around the premises. The house was observed to be clean, spacious, warm and welcoming on the day of this inspection. The kitchen and dining room areas had also decorated for Halloween and the person in charge informed the inspector that the residents had made pumpkins together the night before this inspection and very much enjoyed this activity.

The inspector met briefly with three of the residents and all appeared to be in good form. One resident was speaking with staff in the kitchen and told the inspector they had been out to the shops that morning. They also said that they were in good form and liked living in the house.

Another resident invited the inspector to see their room and it was observed to be decorated just as they liked it. The resident recently had some changes made to their bathroom so as to better facilitate their assessed needs and it was observed, some additional renovations were still required. The resident said however, they were happy with their room. It was also observed that staff were attentive to the needs of the resident over the course of the inspection.

The third resident was relaxing in the sitting room watching television. The resident appeared in very good form, smiled and chatted with the inspector for a short period of time about television programmes that they liked.

The other two residents were not at home during the course of the inspection. One was at a day service and the other had arranged to go to a Halloween party. The person in charge explained that at day services residents liked to meet their friends, discuss current affairs, watch movies, play bingo and some were in a walking club. One resident was also part of a social farming programme and the person in charge said that they very much enjoyed this activity.

One resident choose not to attend a day service and a number of activities were offered to this resident as an alternative. For example, the resident liked to go shopping, to the markets, for coffee out, and go on day trips. The person in charge explained that the resident also liked swimming but had not engaged in this activity

for some time due to a health-related issue. However, plans were in place to recommence this activity. The resident was also supported to keep in regular contact with their family.

While some issues were identified with the premises and the maintenance of the staff rosters, residents appeared happy and content in their home and staff were observed to be at all times person centred in their interactions with the residents.

Capacity and capability

The residents met with by the inspector appeared happy and content in their home and, the provider had put supports in place to meet their assessed needs.

The service 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 and in this centre. They were supported in their role by two team leaders, a member of the senior management team and a team of social care worker and assistant support workers.

The person in charge was an experienced, qualified social care professional, with an additional management qualification and provided leadership and support to their team. They ensured that resources and staffing were managed and channelled appropriately, so as to ensure that the needs of the residents were being provided for.

On the day of this inspection there were adequate staffing levels in place to support the residents living in the service. From speaking with one staff member the inspector was also assured that they had a good knowledge of the residents assessed needs. However, from reviewing a sample of rosters the inspector observed that at times, they were not being maintained as required by the regulations.

The staff team were adequately trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding.

The person in charge was 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). They were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The provider had systems in place to monitor the service and take on board feedback from both residents and family members. An annual review of the quality and safety of care and a six monthly unannounced visit to the centre had been carried out in June 2022. This process identified a number of areas of good practice and areas for improvement. For example, issues related to the premises were identified in the auditing process and by the time of this inspection, a number of those issues had been resolved.

Additionally, a family representative had made a complaint about an aspect of the quality and safety of care provided to their relative. The person in charge and management team put a plan in place to address this issue and it was reported in September 2022 that the family were in agreement with this plan and for the complaint to be closed out.

Regulation 14: Persons in charge

The person in charge was an experienced, qualified social care professional, with an additional management qualification who provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the needs of the residents were being provided for.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection there were adequate staffing levels in place to support the residents living in the service. However, from reviewing a sample of rosters the inspector observed that at times, they were not being maintained as required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff team were adequately trained and supervised so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include

infection prevention control, medication management, online basic first aid, fire safety, behavioural support, and safeguarding.

Judgment: Compliant

Regulation 23: Governance and management

The service 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 and in this centre. They were supported in their role by two team leaders and a member of the senior management team, and team of social care workers and assistant support workers.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person charge was aware of their remit to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this house was supported to have a meaningful and active life within their home and community (based on their individual preferences) and systems were in place to meet their assessed health, emotional and social care needs. A minor issue was found however, with the upkeep of the premises.

The individual needs of the residents were being supported and encouraged. Residents were supported to attend day services where they engaged in activities of their choice and interest. They were also supported to engage in community based activities based on their expressed interests and preferences. One resident chose not to go to day services and this decision was respected by the staff team. The resident was offered a number of other activities to engage in such as outings to markets, shopping and drives. The person in charge also informed the inspector that residents liked going to the cinema, fishing, trips to the zoo and coffee out.

Residents were being 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. From a small sample of files viewed, the inspector observed that residents had access to GP services, a dentist, chiropodist, dietitian, optician and occupational therapy. Care plans were in place to support continuity of care and from speaking with one staff member, the inspector was assured that they had a working knowledge of the assessed needs of the residents.

Access to behavioural support and/or mental health services was also provided for and where required, residents had a behavioural support plan in place. Additionally, from viewing a small sample of files, staff had training in positive behavioural support.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection, there was one open safeguarding plan. However, the incident was reported to the person in charge, safeguarding team and HIQA, and an agreed formal safeguarding plan was in place so as to manage the issue. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

There were 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 IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre. Staff also had as required access to PPE to include face masks which they used as required on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. The person in charge also reported that to date, none of the residents had contracted COVID-19.

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection. However, aspects of the premises required refurbishment. For example, one residents ensuite bathroom required updating, in particular around the shower area.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection. However, aspects of the premises required refurbishment. For example:

- one residents ensuite bathroom required updating, in particular around the shower area.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Judgment: Compliant

Regulation 27: Protection against infection

There were 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 IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre. Staff also had as required access to PPE to include face masks which they used as required on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. The person in charge also reported that to date, none of the residents had contracted COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged. Residents were supported to attend day services where they engaged in activities of their choice and interest. They were also supported to engage in community based activities based on their expressed interests and preferences. One resident chose

not to go to day services and this decision was respected by the staff team. The resident was offered a number of other activities to engage in such as outings to markets, shopping and drives. The person in charge also informed the inspector that residents liked going to the cinema, fishing, trips to the zoo and coffee out

Judgment: Compliant

Regulation 6: Health care

Residents were being 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. From a small sample of files viewed, the inspector observed that residents had access to GP services, a dentist, chiropodist, dietitian, optician and occupational therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to behavioural support and/or mental health services was also provided for and where required, residents had a behavioural support plan in place. Additionally, from viewing a small sample of files, staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection, there were one open safeguarding plan. However, the incident was reported to the person in charge, safeguarding team and HIQA, and an agreed formal safeguarding plan was in place so as to manage the issue. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blackwater Lodge OSV-0005889

Inspection ID: MON-0038251

Date of inspection: 25/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Person in Charge will ensure that the roster is updated daily to reflect the times and locations of Staff. The PIC will generate a report weekly from the online Payroll system and file accordingly. The PIC will ensure that all rosters are maintained in line with regulation.</p> <p>PIC will ensure all staff (permanent and relief) assigned to the centre clock in and out at the beginning and end of every shift. PIC will check roster records on a regular basis to ensure they actually reflect the staff that have worked in the centre and that all annual, sick leave and other absences are recorded.</p> <p>An organisational plan is in place to assist the PIC in their responsibility to maintain accurate roster records, where a member of staff has been reassigned to the centre from another centre at short notice to address a staffing requirement PIC will notify assigned HR individual of the name of the staff member concerned and details of the shift(s). HR will be able to support the PIC with accurate recording of any staff member who has been reassigned that has previously clocked in for work in another centre and add these to the roster.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Person in charge has followed up with maintenance manager about updates needed in resident's bathroom. Maintenance works have been scheduled to be completed by 20th December 2022.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/10/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/12/2022