



# 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:	Announced
Date of inspection:	27 October 2021
Centre ID:	OSV-0005889
Fieldwork ID:	MON-0026924

## 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

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
Wednesday 27 October 2021	10:00hrs to 18:00hrs	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 service comprised of a large detached two-storey house in County Meath and was in close proximity to a large town and a number of smaller villages.

The inspector met with two residents and spoke with one of them so as to get their feedback on the service provided. Written feedback on the quality and safety of care from all five residents and two family representatives 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.

On arrival to the house, the inspector observed that it was clean, spacious, warm and welcoming. The inspector met one resident in the hallway and they appeared comfortable and relaxed in their home and, comfortable in the presence of staff. Staff were also observed to be person centred, warm and friendly in their interactions with the residents.

Some residents were having breakfast out on the morning of this inspection and appeared to be looking forward to their trip into the local town. Another resident was at a day service placement where the inspector observed that they engaged in activities such as literacy classes, table-top activities and exercise programmes. Other activities the residents enjoyed were coffee out, current affairs programmes, shopping, swimming and walks on the beach.

One resident spoke directly with the inspector on several occasions over the course of this inspection. They said that they were very happy in the house, loved their home and got on great with the staff team. They invited the inspector to view their room, which was decorated to take into account their individual style and taste. For example, the resident chose their own colours for their room and helped to paint it with the support of staff. The resident also told the inspector that they liked music and at times, they liked to spend time in their room listening to their stereo.

Later on in the day, the resident also spoke to the inspector about their day service. They said they liked going there and enjoyed the range of activities available. For example, they said they enjoyed the exercise programmes on offer and also enjoyed the movie days. The resident also told the inspector that if or when they were feeling low, they would talk to staff about this. They said that they could talk to staff at any time about any issue they may have and that staff, were supportive to them.

Written feedback on the service from all five residents was positive and complimentary. For example, residents reported that they were happy with the service overall, happy with their accommodation, happy with the range of social and leisure activities available and that they felt safe in the service. Some said that staff

were easy to speak with, they felt listened to and they had no complaints.

Written feedback from two family representatives was also positive. For example, they reported that they were satisfied with the quality and safety of care provided in the service, satisfied with the attitude and approach from the staff team and happy with the level of choice offered to the residents. One family member said that their loved one was very well cared for, they were very happy and settled in the house and that the staff team were very accommodating.

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 that their relative was very happy and relaxed living in the house and, would relay positive stories to their family about living there. The family member said that while their relative was happy in their shared accommodation and mixed well with the other residents, they also had a quiet space to retreat to when they wanted.

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 they there had recently been a high turnover of staff in the centre. Notwithstanding, they also said the had no issues at the time of this inspection and that their loved was very happy living in the house.

Over the course of this inspection the inspector observed that staff supported the residents in a professional, dignified, caring and person centred manner. Staff understood the communication needs of each resident and it was observed that residents were comfortable and at ease in the presence of staff. Staff were also respectful and supportive of the individual choices of each resident. For example, on the day of this inspection one resident wished to go to the cinema in the evening time. The resident told the inspector they were looking forward to this social outing and, that staff would support them in with this activity.

While some issues were found with the staffing arrangements and some records held in the service, feedback from all residents and three family representatives on the quality of service provided was complimentary and positive.

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 the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the staffing arrangements and the upkeep of some health-related documentation.

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 an Assistant Director of Community Services, two team leads and a team of direct support workers. The person in charge was a qualified social care professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

The person in charge was 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 appropriately trained and supervised so that they had the required 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, Children's First, medication management, positive behavioural support, manual handling and infection 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.

The staffing cover for this house consisted of three staff during the day and two waking night staff. However, the inspector observed that at times the staffing arrangements required review. From a sample of rosters views, the inspector observed that on occasion, the house had to operate with a deficit of one full-time staff member during the day due to staff leave. It was also observed that on two occasions in August 2021, staff were required to provide sleep-over cover (as opposed to waking night duty) due to staff leave/sick leave. In turn, the staffing contingency plans required review so as to ensure the staffing levels were at all times in line with the services' statement of purpose. It was also observed that at times, the actual rota was not being maintained in line with the Regulations.

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. While one minor issue was identified within the statement of purpose, the management team addressed this issue on the day of this inspection.

It was observed however, that some health-care related documentation required review as it was not being maintained as required by the Regulations. For example, there were minor gaps noted in some health-care related daily records and the system in place to record one resident's fluid intake, required review.

Notwithstanding, 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 training matrix required

review as did the register of restrictive practices in the centre. These issues had been actioned and addressed by the person in charge by the time of this inspection.

#### Regulation 14: Persons in charge

The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They were also aware of their legal remit to the regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector observed that at times the staffing arrangements required review so as to ensure they were at all times in line with the services' statement of purpose. It was also observed that at times, the actual rota was not being maintained in line with the Regulations.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents.

Judgment: Compliant

#### Regulation 19: Directory of residents

A directory of residents was available for review on the day of this inspection and it met the requirements of the regulations.

Judgment: Compliant

#### Regulation 21: Records



Some health-care related documentation required review as it was not being maintained as required by the Regulations. For example, there were minor gaps noted in some health-care related daily records and the system in place to record one resident's fluid intake, required review.

Judgment: Substantially compliant

### Regulation 23: Governance and management

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 an Assistant Director of Community Services, two team leads and a team of direct support workers.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose 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. While one minor issue was identified within the statement of purpose, the management team addressed this issue on the day of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

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 learning and social activities of their choosing. This included literacy classes, exercise classes, table-top activities and social outings. Residents were also supported to frequent local shops, restaurants and cinema. Transport was also provided for trips and outings further afield.

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, dietitian, optician and chiropractor. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was observed that some healthcare-related documentation required review however, this was discussed and actioned under Regulation 21: Records.

Access to psychiatry, psychology and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with two 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 was one open safeguarding plan in place at the time of this inspection. The inspector spoke with one resident and they said if they had any issues in the centre, they would speak with a staff member. The concept of safeguarding was also discussed with residents at their weekly meetings. 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.

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. For example, where a resident may be at risk due to poor mental health, they had as required access to a range of supports to include psychiatry and behavioural support.

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 clean and well maintained on the day of this 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 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

There were systems in place to manage and mitigate risk 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 wellbeing.

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 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
<b>Regulation 28: Fire precautions</b>
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
<b>Regulation 6: Health care</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, dietitian, optician and chiropodist. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Access to psychiatry, psychology and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with two staff members over the course of this inspection, the inspector was assured that they were aware of the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Systems were in place to safeguarding the residents and where required,

safeguarding plans were in place. The inspector spoke with one resident and they said if they had any issues in the centre, they would speak with a staff member. The concept of safeguarding was also discussed with residents at their weekly meetings. 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.

Judgment: Compliant

### Regulation 9: Residents' rights

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 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially 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	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blackwater Lodge OSV-0005889

Inspection ID: MON-0026924

Date of inspection: 27/10/2021

## 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:            In line with the Centre’s recruitment strategy a Recruitment process is in place to fill one vacancy in the house. In the interim, a relief staff member has been assigned to Blackwater Lodge as of 03/11/2021. Furthermore, a relief panel is in place to cover any shifts as required. The person in charge has completed a review of all roster documentation, to ensure rosters accurately reflect the staffing levels within the Centre. All rosters clearly identify the staff member and scheduled shifts.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            Health care documentation has been reviewed by the person in charge. This has been brought to team meeting on the 29/10/2021 and discussed with team. The person in charge has introduced daily oversight of documentation to ensure it is being maintained appropriately.</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(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	03/11/2021
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	27/10/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are	Substantially Compliant	Yellow	03/11/2021

	maintained and are available for inspection by the chief inspector.			
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