Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lime Lodge Residential Service
Name of provider:	The Rehab Group
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0005891
Fieldwork ID:	MON-0041792

About the designated centre

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

Lime Lodge Residential Service is a bungalow type house located on the grounds of day service run by the provider on the outskirts of a town. The centre can provide for a maximum of two residents of both genders and those with mild intellectual disabilities, high functioning Autism Spectrum Disorder and mental health needs between the ages of 18 and 65. The designated centre provides a residential service seven days a week. Within the centre there are two resident bedrooms, three bathrooms, a staff office/sleepover room, two leisure rooms, a dining area, a kitchen and a communal lounge. Staff support is provided by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 November 2023	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

Lime Lodge Residential Service is a designated centre located on the outskirts of a large town. The centre is a two bedroom bungalow located in a gated community consisting of a day service and another designated centre and a currently vacant building. The residents can chose to attend this day service if they chose. This inspection was unannounced and completed to monitor ongoing compliance to the Heath Act 2007.

The premises presented as a warm and vibrant environment. Each resident had their personal space which reflected their personality and interests. On arrival the inspector found it difficult to ascertain which building was the centre and the name sign was hidden behind an overgrown tree. It was also observed as the front of the centre was full length windows that privacy may be difficulty. Some of the windows did not have blinds. It was also observed that entrance area was overrun with leaflets and a large volume of information signage. The presence of the smoking area required review as this was located immediately outside the main entrance, but cigarettes ends were visible in other areas. Also, no resident in the centre smoked.

The inspector was greeted by a staff member and informed that one resident had just left to attend their day service and the other resident was relaxing in their room. They welcomed them to the centre and contacted the person in charge to attend. The staff member spoke of the residents in the centre and the operational needs of the service. The person in charge had recently been appointed to the role and was getting to know the needs of the service and residents.

One resident was heading into local town with a staff for a cup of coffee in one of their favourite cafes. They had a chat with the inspector before they left. They discussed their activities and interests. They had completed a course in digital photography and had volunteered at a local film festival. This was something they wanted to look into more in the future. They chatted about their goals and having both personal goals and goals for both residents in the house.

The weekend following the inspection it was a planned trip to Killarney with resident having a choice of what to do on each day. One day was to be a trip to the local distillery and the other a walk in Muckross Park. The resident had gone shopping the day before for this trip. The resident spoke highly of the staff and the support given. They liked to spend time alone and knew they could still call on staff if they needed anything. The resident said all was good in the centre and said goodbye.

The other resident currently residing in the house came back from their day service for their lunch and to meet with their sister. They sat at the dining room table and chatted with the inspector. They spoke also of their favourite things to do and told them about their walk down the town that morning. The resident liked that staff would chat with them and help them out if they needed to. They told the inspector to look at their personal plan if they liked as it had all their goals and showed how

staff help them out at times.

The resident's personal plan did correspond to what the resident spoke of including external supports in place and how they liked for staff to speak with them. The resident enjoyed his independence but also told staff important information in case they needed support. For example, they excused themselves from the inspector to make an appointment but ensured the staff knew of the appointment as they would need a spin. The resident said goodbye to the inspector and headed back to their day service. They told the inspector they were welcome back any time.

Residents were observed to be consulted in the day-to-day operations of the centre. This included in such areas as activities they wished to participate in and what they would like to eat. Also the opinions of residents and their families were incorporated in to monitoring systems such as the annual review of service provision and provider unannounced visits to the centre. Residents were observed to be very comfortable in the company of staff and interacted with them in a jovial manner. All staff spoken with were keenly aware of the support needs of residents although some some improvement was noted to be required in personal plans to promote a consistent approach in some areas. For example, the receipt of medicines in an emergency and supporting a resident should they chose to stay in bed for prolonged periods of time.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection in the centre Lime Lodge Residential Service to monitor ongoing compliance to the Health Act 2007. Overall, the registered provider had implemented measures to ensure the service provided to residents was safe and the supports provided were reflective to the assessed needs of residents.

The provider had appointed a suitably qualified and experienced person in charge to oversee the day-to-day operations of the centre. They had recently undertaken the role of the person in charge and were familiarising themselves to the governance needs of the centre. They were supported in their role by an appointed team leader. The person in charge held governance remit over two designated centres located adjacent to one another. Through effective monitoring systems, they were able to oversee the operations of both centres to ensure the service provided was safe and effective. They reported directly to the regional manager. There was evidence of ongoing communication within the governance structure through regular one-to-one meetings and governance meetings. These meetings were used as a tool to share concerns and discuss shared learning.

The provider implemented effective monitoring systems to ensure the service provided in this centre was safe and effective. This included the implementation of the regulatory required monitoring systems such as the annual review of service provision and six monthly provider unannounced visits to the centre. Both of these systems incorporated consultation with residents and their representatives. Within the centre, the person in charge implemented a range of audits and reviews to oversee the day-to-day operations. A number of audits had been delegated to the team leader and staff members to encourage a team approach to oversight. Audits completed covered areas such as finances, personal plans, medicines and incidents. All monitoring systems had an accompanying action plan to ensure actions were addressed in a timely manner.

The staff team at the centre were also supported and facilitated to raise concerns. This was completed through the implementation of regular staff meetings and formal supervisory meetings. Staff spoke on the day of effective support in place to raise concerns or discuss actions required in the centre. All staff within the centre were supported to complete training which had been deemed mandatory to meet the assessed needs currently residing in the centre. This included training in the area of human rights, safeguarding vulnerable adults from abuse and manual handling. A training matrix ensured that the person in charge could monitor the training needs of staff and plan for refresher training.

The registered provider had ensured the developed of the Statement of purpose and reviewed this document as required. Some minor amendment were required to this document to ensure that information presented was accurate and reflected the current function of the centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the registered provider ensured that there were sufficient staffing levels present to meet the assessed needs of the residents. There was an actual and planned roster in place.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured effective systems were in place for the training and development of the staff team. The person in charge maintained a training matrix to monitor the training needs of staff and ensure these were addressed promptly. The person in charge had ensured effective measures were in place for the appropriate supervision of staff. This included staff meetings, face-to-face interactions and formal supervisory meetings.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of quality assurance audits being implemented to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review of 2023 and six-monthly provider unannounced visits. In addition, there was evidence of local audits completed by the person in charge and team leader in the centre.

Staff were afforded the opportunity to raise concerns regarding the care and support provided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained all of the information as required by Schedule 1 of the regulations.Some amendments were required to ensure this information was correct including all members of the governance structure and the whole-time equivalent of staff.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This provided for the resolution of the complaint and the satisfaction of the complainant. Residents spoken with were aware of the complaints procedure

and whom to speak to should they have any concerns. The complaints procedure was visible in an accessible format for residents to review.

Judgment: Compliant

Quality and safety

Each resident within the centre had been supported to develop a comprehensive personal plan. These plans were individual to the residents' assessed needs and were reviewed annually or as required. Each resident received a review of their multi-disciplinary needs which guided staff in the enhancement of personal goals and health management plans. The person-centred planning process in the centre was evidenced to be continuous and activity in the centre ongoing throughout the year. Residents told the inspector how they had individual and house goals with a house goal of a trip to Killarney planned for the coming weekend. Staff would record all steps taken to ensure residents were supported to meet their personal goals and included the residents in the process. Such goals included training course, weekends away, walking groups and attending their favourite tourist spots.

The provider had established a risk management procedure in the centre. This included the development of risk assessments relevant to the individual assessed needs of residents. The person in charge had also developed a local risk register. This included the current control measures in place to minimise the likelihood and impact of an identified risk. Where additional actions were required this was highlighted and addressed by the person in charge. The risk assessment process was utilised it the centre to promote the independence of residents by ensuring the required supports were in place.

The person in charge had ensured systems within the centre were effective in the keeping residents safe. This included in such areas as protection from abuse. Residents spoke of feeling safe and who they could speak to if they wanted any support. Overall, effective fire systems were in place. Some improvements were required to ensure the provider was assured that all residents could evacuate safely. For example, no fire drill had been completed to ensure residents could evacuation safely when they were independently present in the centre. Also, the fire risk assessment stated that the centre was a no smoking environment but an ashtray was located at front door, also cigarettes ends were visible externally to the centre.

Since the previous inspection improvement were evident in the area of medicines management. There was evidence to the compliance plan submitted. Each resident was supported to self-administer any medical products prescribed by a general practitioner. One resident discussed their medicine process with the inspector and showed them the area where they stored their medicines. Another resident was observed to be reminded respectfully by staff to take their medicine at lunchtime. However, clear guidance was required for staff on how to use medicine for one

resident in an emergency as they had chosen for this not to be present in the centre. While this was a choice of the resident that was being respected, a system to receive the medicine was not in place when the pharmacy was closed.

Regulation 12: Personal possessions

The registered provider had ensured effective measures were in place to support the residents to maintain full control over their own finances. This included:

- A financial assessment
- Key working discussions and
- Open communication.

Within the centre residents were support to spend their finances as they choose. Residents informed the inspector that they could request support from the staff or family members if they required.

Judgment: Compliant

Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Residents discussed the activities and training programmes they completed and those they wished to complete in the future. Residents had an awareness of their personal goals.

The residents choice to change their mind on goals was respected with new opportunities explored.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises presented as warm and homely. Residents each had a private bedroom and living space. There was also a shared living dining space and fully equipped kitchen. The dining area was located at the entrance of the centre. This area was surrounded to the front by floor to ceiling windows. No blinds were present on some of these windows. This required review to ensure that the privacy of the resident was promoted given another designated centre was located cross the courtyard in close proximity to it.

Also, the fire risk assessment stated that the centre was a no smoking environment but an ashtray was located at front door, also cigarettes ends were visible externally to the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre-specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured there were effective systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal evacuation plan in place which appropriately guided staff in supporting residents to evacuate.

Some improvements were required to ensure the provider was assured that all residents could evacuate safely. For example, No fire drill had been completed to ensure residents could evacuate safely when independently present in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Since the previous inspection improvement were evident in the area of medicines management. Each resident was supported to self-administer any medical products prescribed by a general practitioner. One resident discussed their medicine process with the inspector. Another resident was observed to be reminded respectfully by staff to take their medicine at lunchtime.

However, clear guidance was required for staff on how to obtain medicine for one resident in an emergency as they had chosen for this not to be present in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs. Some minor improvements were required to ensure supports in place were clear to promote consistency in approach for all staff. For example, should a resident chose to stay in bed for a long period of time as staff spoken with discussed this approach in a different manner.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear comfortable in their home. Staff spoken with, were found to be knowledgeable in relation to their responsibilities in ensuring residents were kept safe at all times.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day-to-day operations of the centre through key worker and house meetings.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lime Lodge Residential Service OSV-0005891

Inspection ID: MON-0041792

Date of inspection: 22/11/2023

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • Amendments have been made to the Statement of Purpose to ensure all members of the governance structure are named and that the whole-time equivalent of staff is detailed correctly. This was emailed to HIQA on29.11.2023.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The PIC has arranged for blinds to be fitted to the front glass door that opens on to the court yard of the resident's house to ensure the resident's privacy at all time. Roller blinds are fitted to the glass windows either side of this glass door. The door blinds will be measured on the 02-02-2024 & installed by 05-03-24. While waiting for blinds to be fitted to the door privicy film has been applied- this allows for residents to see out but prevents othes being able to see it. • The ashtray located at front door has been removed and communication sent to all staff members to use the desinated smoking area located across the courtyard under the covered area where an ashtray and fire blanket are provided.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• A fire drill has been completed with all residents to ensure residents can evacuate safely when independently present in the centre. This was conducetd without issue on the 10-12-2023.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• A meeting was conducted with resident on 11-01-2024. They again reiterated that they does not want a certain PRN tablet kept in service.

• The PIC and the resident met with the mental team regarding this. The Psychiatrist noted that this choice should be respected and provided numbers of a pharmacy that operates out of hours should service user's request this PRN medication. The Psychiatrist also provided an emergency out of hour's number.

• Medication Management Risk Assessment has been updated to include the telephone numbers detailed above and guidance from the Psychiatrist should the resident request this PRN medication.

• The updated Risk Assessment has been communicated to the staff team for their review and signature. The numbers have been saved to the service phone for easy access.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• A resident's daily notes have been updated to esnure a constitent approach to supporting one resident around their day service attendance. Should a resident decide to sleep on their daily notes have been updated to include a daily prompt from staff at 11am to communicate to the resident what activities are on their day service schedule. This allows the resident to make an informed decision as to whether to continue their lie on or attend day service. Support plan been updated to reflect this. This was completed

on 23.11.2023.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	05/03/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/12/2023
Regulation 29(5)	The person in charge shall ensure that following a risk	Substantially Compliant	Yellow	06/12/2023

	assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	03/02/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	23/11/2023