



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

Issued by the Chief Inspector

Name of designated centre:	Drummond Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	19 October 2023
Centre ID:	OSV-0008239
Fieldwork ID:	MON-0036986

About the designated centre

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

Drummond Lodge Residential Service is a Designated Centre with a five registered bed capacity. Drummond Lodge Residential Service offers 24-hour support to 5 residents with physical and sensory disabilities. This also includes people who may have an intellectual disability with physical and sensory needs. The Centre is a purpose-built bungalow which is wheelchair accessible and is located near a large town in Co Monaghan. Residents of Drummond Lodge are supported by social care staff with some nursing support. The residents are encouraged to avail of social facilities such as cinemas, bowling, sports, cafes, restaurants, supermarkets & clubs, where applicable.

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
Thursday 19 October 2023	09:30hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with regulations and standards. The inspector had the opportunity to meet with all residents. The inspector had a brief conversation with one resident but had time to sit and chat with the other four residents.

The feedback from the four residents spoken with was that, they were happy in their home. Residents expressed that they were happy living with their peers, liked the staff members and were pleased with the care they received.

Through the review of information and discussions with the residents, the inspector was satisfied that the residents were receiving a good standard of care and support. There were some areas that required improvement, but overall, the findings from the inspection were positive.

Upon arriving at the residents' home, the inspector was introduced to two residents before they left for their day service programs. The inspector said hello to one resident before they left and did not get to meet with the resident again during the inspection.

The inspector sat and chatted with the second resident in the dining room. The resident was initially supported to interact with the inspector with the support of the person in charge. The resident spoke to the inspector about how they had attended a rally car experience as they had a keen interest in motor sports. The resident also talked to the inspector about other sports they liked and their day service program.

The inspector chatted with the third resident in their bedroom as they were relaxing after completing their rehabilitation exercises. The resident spoke to the inspector about their family and their plans to visit them the following day. The resident, when asked, stated that the staff would take them where they wanted to go but that they often preferred to stay in the house relaxing.

The inspector chatted with the fourth resident in the afternoon. The resident had returned from attending a "Men's Shed" meeting. They told the inspector about some projects they were working on, such as building bird tables and stated that they really enjoyed attending the meetings. One of the residents who the inspector on a previous inspection, spoke of their progress. The resident said they were far more confident and socialising much more and praised the staff team for encouraging and supporting them to achieve this. The resident chatted to the inspector about sports, other hobbies and informed the inspector that the house was getting sky sports so they could watch the premier league with some of the other residents.

The inspector met with the fifth resident after they had returned from their day service program. The resident chatted about attending their day service and that

they were happy there. This resident also expressed they were happy in their home and the support they were receiving.

The inspector reviewed a sample of residents' information. The review showed that residents were the decision makers regarding their daily activities and plans. Person-centred plans had been established for the residents which outlined goals they would like to achieve. There was evidence of residents achieving some of their goals; for example, one resident had wanted to begin boxing to keep fit, as mentioned earlier, a resident began attending the "Men's Shed" group, and another had attended a motorsport event.

The appraisal of information also identified that residents' were communicated with in an age-appropriate manner. There were examples of positive risk-taking being promoted for residents, as some had attended events or engaged in activities that they had not been able to manage in the past. There were, therefore, good examples of the staff team promoting and respecting the wishes and rights of residents.

Four of the five residents were attending a day service programme. One resident was recently admitted, and steps were being taken to secure a day service placement. The residents liked to engage in activities in their community. Residents went for a coffee and food, and some liked to go for a drink. Residents were supported to visit or meet family in their community, and there was evidence of regular family contact for some of the residents.

The residents' home was purpose-built to meet their needs. There was ample space for residents to relax and receive visitors. There were pictures of residents engaging in activities displayed throughout the house and the staff team and residents had done their best to promote a homely atmosphere. The inspector found that there were improvements required regarding storage, which will be discussed in more detail in the quality and safety section of the report.

Two other areas required attention and improvement: firstly, there were occasions where residents' behaviours negatively impacted their peers, and secondly, some of the provider's policies had not been updated within the required timeframe.

The following two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The service was led by a person in charge and supported by a team comprising staff nurses and support workers. There were clear lines of accountability, with the person in charge completing audits of aspects of the service provided to the

residents. The information review further demonstrated effective oversight of the care and support being provided to the residents. The person in charge also demonstrated that they had detailed knowledge of the residents throughout the inspection.

The inspector reviewed past and current staff rosters. The review of rosters showed that the provider had ensured that safe staffing levels were maintained and that the staff had the required skill mix to support the resident. The provider increased the number of staff working in the service daily to meet the needs of all residents. Some residents were now receiving 2:1 staff support in order to reduce negative interactions between residents.

There was a system in place where the training needs of the staff team were under regular review. A training needs matrix was developed that tracked the staff's completed training. The provider had ensured that the staff team had been provided with training to support the residents best. The staff team also engaged in regular supervision with the person in charge.

The service's complaints logs review identified that residents had been supported to lodge complaints. There was also clear evidence of the person responding to these complaints and assurances that the residents were satisfied with the outcome of the complaint review process. There was evidence of complaints being lodged by other parties and proof of the provider following their policy in responding to the complaints.

Regulation 14: Persons in charge

The person in charge had the required qualifications, skills and experience to manage the designated centre. They demonstrated that they had detailed knowledge of each resident throughout the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. A consistent staff team was in place, and the inspector observed that the residents appeared at ease in their interactions with the staff. While there were some vacancies, the inspector was assured that these were due to be filled soon and that the provider had a plan to maintain safe staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured the service was safe, appropriate to residents' needs, consistent and effectively monitored.

There was clear evidence of the residents' needs being at the forefront of all decisions made by the provider

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found a complaints policy in place and that residents and other representatives had been made aware of the procedure and supported to make complaints if they wished. The provider had demonstrated that they had followed their policy and that complainants were responded to promptly.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted and implemented policies and procedures on the matters set out in Schedule 5 of the regulations. However, an appraisal of policies showed that there were some policies that had not been reviewed and updated within the required three year time frame.

Judgment: Substantially compliant

Quality and safety

The provider and the person in charge ensured that comprehensive assessments of the residents' health and social care needs had been completed. Support plans had been developed following these assessments. The plans were detailed and gave clear, concise information supporting the residents. The plans also reflected the residents' changing needs, and there was evidence of them being updated regularly. The health needs of the residents were under close review. Residents had been supported to attend regular healthcare appointments, and health action plans were on file.

Residents had accessed the provider's multidisciplinary team (MDT) if required. The inspector reviewed a sample of behaviour support plans and found that they were focused on understanding the residents' presentation and reducing occurrences of challenging behaviours.

A review of adverse incidents identified that there had been occasions where some residents' behaviours had negatively impacted those that they lived with. The provider responded to the behaviours by increasing staffing levels and creating a second sitting room. However, incidents of verbal aggression were still occurring. Therefore, further review and improvements were required to ensure that residents' rights and dignity were upheld in their home. The inspector notes that the provider responded effectively to any allegations or reports of abuse or safeguarding incidents promptly and promoted positive interactions between those living in the service.

The inspector found that the resident's home was in good repair and that efforts had been made to create a homely atmosphere. As mentioned above, a second sitting room had been designed to help reduce adverse peer-to-peer incidents. However, at the time of the inspection, there were a number of wheelchairs and other items being stored in the room that were waiting to be collected. This was not appropriate, and there was a need for additional storage options.

The inspector reviewed the systems regarding risk management and medication management. The review of these areas found that the strategies were effective and again under regular review.

In conclusion, the inspection found that the needs of the residents were being met by the provider and the staff team supporting them. The service was well managed with adequate oversight arrangements in place. Some areas required improvement, particularly the negative impact some residents had upon their peers. However, overall, the inspection was a positive one.

Regulation 10: Communication

Through the review of information and observations on the day, the inspector was assured that residents were communicated to in a manner that suited their needs. There was evidence of staff interacting with residents fittingly, discussing challenging incidents with residents, and encouraging them to express their views.

Judgment: Compliant

Regulation 13: General welfare and development

The residents were supported to identify and participate in activities per their interests, capacities and developmental needs. As discussed earlier, residents had identified activities they would like to achieve and had been supported to do so. Four of the five residents were engaged in day service programmes, and some were engaged in groups in their community.

Judgment: Compliant

Regulation 17: Premises

As mentioned earlier, there were improvements required regarding storage. The inspector found that the second sitting room created for residents was also used to store equipment due to be returned to the provider's MDT team. This impacted the appearance and functionality of the room. The person in charge immediately responded to the concern and removed the items to another area not utilised by residents. However, there was still a need for additional storage space to be created.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Risk assessments were developed regarding the resident, providing staff with the relevant information to maintain the resident's safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured appropriate and suitable practices for ordering, receiving, prescribing, storing, disposing, and administering medicines. The residents' medication was under regular review, and proper medication protocols were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

An assessment of the residents' health, personal and social care needs had been conducted. Support plans were developed, and the review of these demonstrated that arrangements were in place to meet the residents' needs.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that each resident had access to appropriate health care. Residents attended medical appointments, and there was evidence of the staff team acting as advocates on behalf of the residents, ensuring that follow-ups from appointments were being completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The review of information showed that the staff team had been provided with appropriate training to respond to challenging behaviour and to support residents in managing their behaviour. The inspector reviewed behaviour support plans and found them to be detailed and focused on understanding and reducing incidents of challenging behaviour.

Judgment: Compliant

Regulation 8: Protection

As discussed earlier in the report, the provider had responded promptly to safeguarding concerns. Investigations had been conducted, and safeguarding plans had been developed in response to the concerns. The provider had also sent the required notifications per the regulations. The staff team had also received appropriate training in the area.

Judgment: Compliant

Regulation 9: Residents' rights

The review of adverse incidents and notifications identified that there were still occurrences where some residents' challenging behaviours negatively impacted their peers—the incidents related to some residents being verbally aggressive towards their peers or staff members. As noted earlier, the provider had taken steps to increase staffing levels, with some residents receiving two-to-one staff support for periods each day and creating a second sitting room. These steps had led to a reduction in incidents, but they were still occurring. Therefore, further improvements were required to ensure that the resident's rights and dignity were respected in their home.

Judgment: Substantially 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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant

Compliance Plan for Drummond Lodge OSV-0008239

Inspection ID: MON-0036986

Date of inspection: 19/10/2023

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The register provided will update the provision of behavioral support policy by 1.12.23. The register provider shall ensure that all policies and procedures are continued to be reviewed and update in line with policy and with best practice and at intervals not exceeding 3 years.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider shall ensure there is additional storage added to the premises such as a shed, and in the interim, there is additional storage in the office for staff to use.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As the centre can not mitigate the risk completely, if the challenging behaviours was to continue, with all the supports in place, this would be reviewed and further supports	

identified to ensure that the resident's rights and dignity were respected in their home. MDT meeting would occur and a new protocol will need to be introduced.

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	02/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	21/12/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy	Substantially Compliant	Yellow	30/11/2023

	and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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