



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

## Issued by the Chief Inspector

Name of designated centre:	Devon Lodge
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	22 September 2020
Centre ID:	OSV-0001494
Fieldwork ID:	MON-0030300

## About the designated centre

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

Devon Lodge provides services to adults with an intellectual disability who have been identified as requiring a support level ranging from minimum to high as per National Intellectual Disability Database classifications. It is intended to meet the needs of people whose primary diagnosis is intellectual disability and may also include co-morbidity. Devon Lodge Services provides a seven day residential placement for five male and female residents from the age of 18 upwards. The centre comprises of one house in a residential area by the sea on the outskirts of a city, and has good access to the a wide range of facilities and amenities. Residents at Devon Lodge are supported by a staff team that includes; a team leader, social care workers and care assistants. Staff are based in the centre when residents are present including at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Tuesday 22 September 2020	11:00hrs to 15:00hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The inspector met with four of the five residents who received this service and all residents were happy to discuss their lives in the centre. These residents said that they were very happy living in the centre. They said that they had good involvement in the community and described social and leisure activities that they were involved in. Residents told the inspector that they had no complaints, but that if they had they would tell staff and they were confident that they would be addressed. Furthermore all residents said that their bedrooms were comfortable and that there was adequate communal space to ensure their comfort and privacy.

## Capacity and capability

The governance arrangements in the centre ensured that a good quality service was provided to residents. However, some improvement was required to some aspects of documentation and records.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it enter the centre. The inspector viewed this plan and it was comprehensive and relevant. The contingency plan included training in use of personal protective equipment (PPE) and provision of a range of up-to-date information and guidance regarding COVID-19 and its management and control measures. The plan also included a range of safety measures which were being implemented, such as temperature monitoring, updated risk assessments and revised protocols for visiting.

The provider had ensured that staff were suitably trained for their roles. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as hand hygiene, diabetes awareness, respiratory emergencies and feeding, eating, drinking and swallowing. A range of policies and procedures were also available to guide staff and inform practice in the centre. Some policies, such as the risk management policy, had been updated to reflect changes arising from COVID-19. The sample of policies that the inspector viewed were up to date. Copies of the Health Act 2007, the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations 2013 and the National Quality Standards: Residential Services for People with Disabilities were also available to staff in the centre.

Some improvement was required to the management of records and documentation. While records requested during the inspection were supplied and were up to date,

some documentation was inconsistent and unclear. For example:

- There were several versions of the complaints process displayed in the centre
- Reviews of some plans of care had not been clearly recorded.

It was evident that staff were managing these areas in line with good practice, but this was not captured in some of the documentation viewed. Although there were no concerns about the delivery of care or support in the centre, the absence of clear recorded guidance increased the potential risk of care not being delivered in line with the organisation's practices and procedures.

There were arrangements in the centre for the management of complaints. Any complaints received had been suitably recorded, managed, investigated and resolved to the satisfaction of the complainant. There had been a low level of complaints in the centre.

Some volunteers had been working with residents and supported them with social activities. However, this activity had decreased in frequency for various reasons including COVID-19. Since the last inspection there had been improvement in the management of volunteers and the person in charge had ensured that the volunteer programme was being managed and supervised in line with the organisation's policy.

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records required under the regulations were maintained. However, while most of the sample of records were suitable and were up to date, some record keeping was disorganised and required improvement.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe respite service to residents.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers were being vetted, managed and supervised in line with the requirements of the regulations

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and previously received complaints had been suitably managed and resolved.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A range of policies and procedures were available to guide staff. A sample of policies required by schedule 5 of the regulations were up to date.

Judgment: Compliant

## Quality and safety

The provider had measures in place to ensure that the well-being and safety of residents was promoted.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including specific measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE and daily

monitoring of staff and residents' temperatures. Furthermore, there was a detailed cleaning schedule in place and hand sanitising facilities were available for use.

The provider had measures in place to support any resident with a behaviour of concern. All staff had received training in this area and frequent multidisciplinary reviews and consultant appointments were taking place to reduce risk associated with identified behaviours of concern.

The provider had made arrangements to manage risk. In addition to the identification and management of a range of environmental risks in the centre, individualised risks specific to individuals had also be assessed. There were interventions recorded to manage these identified risks such as falls risks, fire safety and compatibility. Individualised risks for residents had also been updated to include risks associated with COVID-19.

The provider had ensured that residents had freedom to exercise choice and control in their daily lives and residents confirmed that this was the case. Residents had access to activities that they enjoyed in the local community and were also involved in meaningful activities and tasks in the centre. The centre was centrally located and was within walking distance to a range of amenities and facilities both in a nearby city centre and a village. The centre did not have its own dedicated vehicle, but there was access to public transport nearby and residents also used taxis. There was also some shared access at weekends to a transport vehicle which could be used for outings.

#### Regulation 26: Risk management procedures

The provider had arrangements in place to manage risk in the centre.

Judgment: Compliant

#### Regulation 27: Protection against infection

There were measure in effect to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Hand sanitising and temperature monitoring facilities were available, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

#### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that residents had freedom to exercise choice and control in their daily lives.

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 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Devon Lodge OSV-0001494

Inspection ID: MON-0030300

Date of inspection: 22/09/2020

## 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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            All Records are under review and in the process of being updated, work is ongoing regarding record keeping and organisation in this regard.</p> <p>Works are scheduled to fix storage shelves to provide more effective storage.</p> <p>In relation to residents’ records, quarterly reviews of all residents’ files have been scheduled with key workers and includes oversight by the Person in Charge.            Behaviour support plans are scheduled for review with psychologist.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/11/2020