



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

Issued by the Chief Inspector

Name of designated centre:	Nephin Lodge Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	16 May 2022
Centre ID:	OSV-0002614
Fieldwork ID:	MON-0028442

About the designated centre

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

This centre is managed by the Health Service Executive (HSE) and comprises of two community houses in a small village in Co Sligo. It provides residential care to 13 adults with high support needs who have an intellectual disability. Residents receive support with their social, physical, and mental health needs. Many of the residents have mobility difficulties and require the use of wheelchairs, or mobility aids. One house accommodates ten residents, which is divided into two units and joined in the middle by a foyer. Each unit has a kitchen, dining room, sitting room, utility room, two bathrooms and five bedrooms. Residents also have access to a shared garden space both to the front and rear of the centre. There is also an office room in one of the areas which staff uses to coordinate the running of the centre. The second bungalow is located a short distance away and accommodates three residents. They each have their own bedroom and the house is wheelchair accessible. Residents are supported by nursing and care staff in line with their assessed needs over 24 hours. Wheelchair accessible transport is provided which facilitates residents freedom to access their local community. Some residents use public transport to attend their day service and to visit family members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Monday 16 May 2022	10:30hrs to 14:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's arrangements in response to an application to renew the registration of this centre. The centre was last inspected in July 2020 and a number of areas required improvement, but inspector found that the provider and person in charge had addressed all areas, and implemented additional strategies to ensure effective oversight and monitoring of this service.

As part of this inspection, the inspector met with the person in charge, staff on duty who were supporting residents with their individualised support or attending day services. At the time of the inspection other residents were attending their scheduled activities, whilst some were enjoying a restful morning with support from staff.

It was clear that residents were enjoying a good quality of life, had choices in their daily life, and were involved in meaningful, worthwhile and enjoyable activity, and that the provider and person in charge prioritised the delivery of person centred and comfort care where required. This was evident from information that the management team shared with the inspector, a visit to all houses in the centre, conversations with the person in charge and documentation viewed during the inspection.

The resident's likes, dislikes, preferences, and support needs were gathered through the personal planning process and this information was used for personalised activity planning. The inspector noted that seven of the residents attended a bespoke day service in Sligo town, which was flexible and provided bespoke attendance, activities and ensured that residents had the opportunity to engage with their peers. Residents had enjoyed attending this service for a number of years but were disappointed to learn of possible changes, and further reductions in this service, as planned by the current provider. Activities that took place in this community centre included baking, painting, tabletop activities with staff support.

The centre included a large purpose built bungalow, and a smaller bungalow located in close proximity. Both houses had gardens to the front and rear of the centres and the houses were located on the outskirts of a busy rural town in Sligo. Each house was bright, clean, comfortably furnished and tastefully decorated with pictures and artwork. There was internet access, television, and music choices available for the resident's use. Each resident had their own bedroom, which was decorated and personalised to their taste and preferences.

There were well equipped kitchens through the centre adjoining dining rooms and sitting rooms. As mentioned previously all rooms were personalised and decorated to residents' choices and preferences. In addition, there were ample laundry facilities in each house and a schedule was in place for disposal of waste for the centre.

Easy to read versions of important information was made available to the residents in a format that would be easy to understand. This included information about complaints, safeguarding, fire evacuation, hand hygiene, personal hygiene, advocacy and human rights.

The next two sections of the report outline 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 to residents living in this centre.

Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with the regulation, and that a good quality service was provided for residents who lived in this centre.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. However, some aspects of the governance and management required review, as the role and responsibilities of the person in charge went beyond the requirements of the regulations, and did not promote effective oversight and accountability of the centre.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2020 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. Nursing care was not required by the residents and a social care model was in place in the centre. The staffing levels ensured that the resident's individual support and preferred activities were provided. From a review of a sample of personal files, the recruitment practices were safe with all required documents, and checks completed.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable about the supports necessary to support the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good

communication and consistency of care for the residents.

There were effective arrangements in place to manage the centre and the person in charge knew the residents and their support needs. The person in charge worked closely with staff and the wider management team. Management meetings were scheduled and took place, which were attended by the person in charge and management team. The person in charge submitted monthly reports of their service to the management team. The person in charge held monthly team meetings with the staff in the centre and at times this was completed virtually. A range of information was shared and discussed such as care planning, health and safety, risk management, policies and procedures, and notifications.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments. The provider had developed a comprehensive contingency plan to reduce the risk of infections entering the centre, and for the management of the infection should it occur.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application to renew registration for this centre, within the specified time. The inspector had reviewed all documents prior to the inspection and found that they contained the relevant prescribed information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the overall responsibility for this centre in conjunction with his other assigned duties. The inspector found that the person in charge was knowledgeable and familiar with all residents and staff on the day of inspection. He held a strong knowledge of the operational needs of the service delivered to them. In addition, following the inspection in June 2020, he had addressed actions identified and added further improvements to ensure effective oversight and monitoring were in place for the centre.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable

skill-mix and number of staff were at all times on duty to support residents. Arrangements were also in place, should additional staff resources be required.

Judgment: Compliant

Regulation 16: Training and staff development

Effective training arrangements were in place to ensure all staff had access to the training they required suitable to their role. In addition, all staff were subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured the insurance was maintained and in-date, in-line with the requirements of regulations.

Judgment: Compliant

Regulation 23: Governance and management

Governance arrangements ensured that practices at the centre are subject to regular review to ensure they are effective in meeting the resident's needs and complying with the organisational policies. Management arrangements further ensured that appropriate resources were available at all times to support residents, keep them safe from harm and enable them to work towards achieving their personal goals. In addition, the person in charge and provider had completed all actions outlined in the inspection report in June 2020.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that arrangements were in place to inform the Chief Inspector of any adverse events occurring at the centre as described in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had arrangements in place to make residents and their family aware of their right to make a complaint. The provider's complaints policy also ensured that all received complaints were appropriately investigated and resolved.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The centre comprised of two houses which were located in a rural area which was close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained in all of the houses. Each house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the houses.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the

surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. Three houses facilitated one to one staffing, and the fourth house had day service staff providing activities during the day to support the resident and staff. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans. The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. The risk register had been updated to include risks associated with infections diseases.

The provider had ensured that resident's had access to medical and healthcare services and received a good level of healthcare. Residents' visited a general practitioner of their own choice as required, attended annual medical checks and were offered annual vaccines. Further healthcare checks including reviews by dentist, optician, audiologist, physiotherapist and occupational therapist were also arranged. Residents were also involved in meal planning, grocery shopping and food preparation. Residents who were eligible for the national health screening programmes were receiving these appointments.

The provider had measures in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, provision of fire doors in the centre, a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. A review of fire safety records indicated that fire drills which took place at night and during the day were carried out in a timely manner.

Residents in this service received person centred care which was holistic and there was a high level of compliance with regulations to health and social care, and safety.

Regulation 13: General welfare and development

The residents' were supported to achieve their own personal goals and aspirations through individualised day activities, recreation and training. In addition, seven residents enjoyed a bespoke day service programme facilitated by an external provider in Sligo town. Staff and residents spoke about the enjoyment residents

gained from attending from a social and recreational perspective and provided residents time away from their centre meeting their peers.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. It was clean, homely and personalised throughout as per the residents tastes and preferences.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of risk at the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed actions from the inspection in June 2020 and found that the provider had contingency plans in place to guide staff on what to do, should an outbreak of infection occur at this centre and these plans were subject to regular review. As the centre had recently experienced an outbreak, the inspector found that the measures outlined as discussed with the person in charge were effective.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that all relevant fire procedures were now in place, monitored and under continuous review as required by the regulations. In addition, the person in charge had addressed all actions from the previous report in June 2020.

Judgment: Compliant

Regulation 6: Health care

Arrangements were in place to ensure that resident's had access to a range of allied healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members had received appropriate training in the management of behaviour that is challenging including de-escalation and intervention techniques. There were systems in place to support residents with their behaviours and when required reviews were scheduled and in place.

Judgment: Compliant

Regulation 8: Protection

Clear and comprehensive safeguarding arrangements were in place at the centre with all staff having received their up-to-date training to ensure their knowledge reflected current health and social care practices.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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