



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

## Issued by the Chief Inspector

Name of designated centre:	Mulberry Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	18 June 2020
Centre ID:	OSV-0007413
Fieldwork ID:	MON-0029589

## About the designated centre

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

Mulberry Lodge is a designated centre designed to deliver services to individuals who require support with intellectual disabilities, acquired brain injuries, autism, mental health issues and/or individuals who exhibit behaviours that challenge. Mulberry Lodge aims to provide 24-hour care to Adults with disabilities both male and female from age 18 years of age onwards. The number of residents accommodated within this service is 3. The centre is staffed by social care workers and support workers. There is a person in charge working in the house on a weekly basis. Should additional staff be required, the provider responds to residents dependencies which may increase or decrease accordingly. Nua Healthcare provide the services of the Multidisciplinary Team whom are based in the Clinical office in Naas, these services include; Psychiatrist, Psychologist, Occupational Therapist, Speech and language Therapist and nurses. The premises is a single story building. The living area is distributed over one single floor which consists of the main shared kitchen & dining area, sunroom, staff office, bathroom, and hallway. There are also three stand-alone apartments. Each stand-alone apartment has a; sitting room with a kitchenette, and a bedroom with an en suite. Adjacent to the building there is a separate day room with a bathroom and utility room. The centre has gardens to the front and rear of the property for recreational use.

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

Number of residents on the date of inspection:	3
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## 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 - 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
Thursday 18 June 2020	11:00hrs to 16:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with one resident on the day of inspection. Social distancing and personal protective equipment was utilised secondary to COVID19 during this meeting. There were two other residents living in the centre on the day of inspection. Staff and management advised that meeting the residents posed potential risks and therefore the inspector did not meet with them. One resident was out for a drive for part of the day and another was video calling their family.

The resident spoken with, told the inspector about some activities they regularly enjoyed including horse riding and making jigsaws. The resident showed the inspector their individual apartment in the centre and appeared happy and proud of their space. The apartment had been decorated with the resident preferred colours and the resident had a pet rabbit in their own garden. The resident also communicated that at times they did not enjoy living in the centre, and said that they did not get along well with peer residents and preferred higher levels of staffing. Staff were aware of this complaint and were supporting the resident to explore alternative accommodation.

From a review of documentation, and conversations with staff members, it appeared the residents were well supported by staff. The inspectors observed staff using kind, friendly and comforting tones when supporting residents throughout the inspection day. Normal daily routines had been affected by COVID19 restrictions, however residents continued to go out for drives and walks during the day in the local area. Residents also enjoyed some in house activities during this period including music, board games, using a chair swing and a tricycle. One resident enjoyed playing on their trampoline and the service had provided a trampoline both in their garden and in their individual apartment. The inspector had a walk around the designated centre and found that the premises was a clean and warm environment.

## Capacity and capability

A site visit had been completed to inform the registration of the designated centre and this was the centres first inspection following this. The centre was providing care and support for residents with complex behavioural needs. Overall, the inspector found high levels of compliance and appropriate systems in place to meet the needs of the residents.

There was a clear management structure in place in the centre with regular oversight and monitoring of the support and care provided. There was a full time

person in charge in place that shared their role equally with another designated centre. This person had the skills and experience necessary to effectively manage the designated centre. The person in charge was supported by two deputy team leaders. The deputy team leaders reported to the person in charge regularly. A senior member of staff was on duty during the day at all times. There was also an on call management system in place for staff to ring outside of regular working hours. The centre was also supported by a regional director of operations. Regular reports on accidents and incidents was sent to the director of operations and trending of information was completed with these reports.

The inspector observed evidence that there was regular auditing and reviews of the service provided. Restrictions in place secondary to COVID-19 had meant that 6 monthly unannounced inspections were taking place at a distance. Thematic audits had also been completed online and these looked at areas including medication management, use of information and finances. Any actions identified were addressed by the person in charge in a prompt manner.

Staffing numbers and skill mixes were in place to meet the assessed needs of the residents living in the centre. The inspector observed the centres rota and staff on duty were clearly identified and the shifts they were working. There was an induction system in place for new staff and they had the opportunity to shadow other staff members before commencing a shift.

Training was provided in areas including safeguarding, fire safety, manual handling, medication management and behaviour management. Staff had also completed additional training in light of the COVID-19 pandemic. Staff spoken with were knowledgeable regarding the training they had received and the individual needs of the residents they were working with. Regular reviews of staff training needs were completed and additional and refresher staff training was provided when needed.

There was a clear complaints procedure in place that was prominently displayed in the designated centre. There was an allocated complaints officer in place to investigate and manage any complaints regarding the service. The resident spoken with was aware of the complaints procedure and knew who to speak with if they had a problem or concern.

#### Regulation 14: Persons in charge

There was a full time person in charge in place that had the skills and experience necessary to meet the assessed needs of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing numbers and skill mixes were in place to meet the assessed needs of the residents living in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided in areas including safeguarding, fire safety, manual handling, medication management and behaviour management. Staff had also completed additional training in light of the COVID-19 pandemic.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place in the centre with regular oversight and monitoring of the support and care provided.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured all adverse incidents, required to be notified to the chief inspector, had been notified within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place that was prominently displayed in the designated centre. There was an allocated complaints officer in place to investigate and manage any complaints regarding the service.

Judgment: Compliant

## Quality and safety

In general, the inspector found that residents were enjoying a high quality service. The registered provider was endeavouring to ensure that residents needs were managed safely and respectfully.

Residents presented with complex needs and challenging behaviours at times. Positive behavioural support plans were in place identifying these needs and plans and measures were outlined to guide staff on how to support residents with these needs. The inspector observed staff implementing techniques outlined in the residents positive behavioural support plan to support them to manage behaviours on the day of inspection. Staff spoken with were familiar with residents individual precursors and triggers. Residents had access to a range of multi-disciplinary behavioural specialists to support them. Support sessions had continued via video calls during the lock down period when face to face sessions were not an option.

High levels of environmental restrictive practices were in place in the designated centre. These were in place to mitigate identified risks. These had been appropriately risk assessed and were regularly reviewed. Strategies were in place to reduce restrictive practices with specific criteria identified to monitor before trial reductions. This was comprehensively discussed with the multi-disciplinary team. The person in charge had ensured all incidents, required to be notified to the chief inspector, had been notified within the required time frames. This included any use of restrictive practices in the designated centre.

Residents had individualised assessments and personal plans in place. All plans were reviewed at the end of every month or more regularly if required. Plans identified residents regular routines, hobbies, and likes and dislikes, and their circle of support. A key working system was in place and key workers were ensuring that residents goals and aspirations were regular reviewed and plans were in place to help them achieve these. One residents had goals in place to look for work experience and explore new foods. Some goals had been delayed due to COVID-19. In house activities had been supported during the lock down period.

The premises was designed and laid out to meet the assessed needs of the residents and was maintained in a good state of repair internally and externally. Each resident had an individual apartment with a bedroom, en-suite, kitchenette and living area and access to an internal garden. The inspector observed two of the apartments. One resident showed the inspector their own apartment and this had been decorated to suit their individual preferences and choices. The premises was clean, bright and warm on the day of inspection.

The registered provider and management team had ensured that there was a system in place for the assessment, management and ongoing review of risk in the centre. Residents had individual risk management plans in place and these included measures in place to mitigate risks such as property damage, violence ,self injurious behaviours. Plans were also in place to manage risks associated with intimate care,



community access, transport, and activities like trampoline use. Weekly and monthly incident reports were sent to the senior management team and reviewed for trends and actions needed. A monthly risk report was displayed in the staff office. The centre had an emergency house plan in place for in the event that the centre would need to be evacuated.

All staff had received training in the safeguarding and protection of vulnerable adults and staff spoken with were aware of safeguards in place to protect residents. The registered provider and person in charge had ensured an investigation was instigated in relation to any allegation of abuse. Investigations were carried out in a serious and timely manner and in line with national safeguarding guidance. All residents had care plans in place guiding staff on supporting residents with intimate and personal care. Regular audits of residents finances were completed and residents money management capabilities were assessed and care plans implemented in line with these assessed needs.

While one residents highlighted some positive aspects of living in the centre, they also communicated that at times they did not enjoy living there. The resident communicated they did not get along well with peer residents, saying they were very noisy. The resident also communicated they preferred higher levels of staffing and their staff support had been recently reduced against their own wishes. Staff were aware of this complaint and were supporting the resident to explore alternative accommodation.

The registered provider had ensured fire safety systems were in place. The inspector observed containment systems, detection systems, emergency lighting, and fire fighting equipment following a walk around the centre. Equipment was regularly checked and serviced by external fire specialists. Regular successful evacuation drills were taking place with staff and residents. Residents had their own personal emergency evacuation plans (PEEPs) in place and accessible picture evacuation plans were in place for residents with communication needs. Emergency evacuation bags with essential supplies were stored close to exit points and all staff had received training in fire safety and had completed centre specific "fire walks" with the person in charge.

Measures were in place for infection prevention and control. The centre was visibly clean on the day of inspection. Staff were wearing appropriate personal protective equipment (PPE) on the day of inspection and staff had also completed additional training in light of the COVID-19 pandemic. Measures were in place to mitigate the risk of COVID-19 in the centre with regular temperature checks and questionnaires being completed prior to anyone entering the centre. Staff teams had been working separately to reduce contacts in the centre. A specific COVID-19 risk assessment was in place that highlighted hygiene protocols and daily checks to be completed. Staff spoken with were understanding and diligent regarding infection control measures in place and current national guidance.

## Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents and was maintained in a good state of repair internally and externally.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider and management team had ensured that there was a system in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured systems were in place for the prevention and control of infection. Further infection control measures had been appropriately implemented in the centre due to COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individualised assessments and personal plans in place. These were regularly reviewed and updated to reflect residents most current needs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had comprehensive positive behavioural support plans in place and had access to a range of multi disciplinary behavioural specialist.

Judgment: Compliant

## Regulation 8: Protection

All staff had received training in the safeguarding and protection of vulnerable adults and staff spoken with were aware of safeguards in place to protect residents. The registered provider and person in charge ensure an investigation in relation to any allegation of abuse was investigated thoroughly in a serious and timely manner.

Judgment: Compliant

## Regulation 9: Residents' rights

One resident communicated that at times they did not enjoy living there. The resident communicated they did not get along well with peer residents, saying they were very noisy. The resident also communicated they preferred higher levels of staffing and their staff support had recently been reduced against their wishes. Staff were aware of this complaint and were supporting the resident to explore alternative accommodation.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Mulberry Lodge OSV-0007413

Inspection ID: MON-0029589

Date of inspection: 18/06/2020

## 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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>•PIC and ADT dept. reviewed possible alternative placements for resident who wished to transition to shared living.</li> <li>•A suitable placement was located in a new centre that was due to open and the resident would be the first admission. This was to give them time to adjust to their new environment before other residents moved in and make the transition as smooth as possible. The resident visited to assess the new center and meet with the PIC of that center. The resident stated they were very happy, and they transitioned to the new center on 02/07/20. This transition took fourteen days and we are advised that the resident has settled in very well and is enjoying their new home.</li> </ul>	

**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 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	02/07/2020