



Office of the Chief Inspector

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

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	21 November 2018
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0021981

About the designated centre

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

The service provided was described in the providers statement of purpose. The centre provided residential care for five adults. The centre consisted of a large two storey, five bedroom house, and was located in a rural setting on the outskirts of a small town in county Meath. There were spacious grounds surrounding the centre. Each of the residents had their own ensuite bedroom with a number of communal rooms for residents use. The last inspection in the centre had been completed in March 2017. The purpose of this inspection was to inform an application by the provider to renew the registration for the centre which was due to expire in May 2019.

The following information outlines some additional data on this centre.

Current registration end date:	03/05/2022
Number of residents on the date of inspection:	5

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
21 November 2018	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

Views of people who use the service

As part of the inspection, the inspector did not have an opportunity to meet with any of the residents living in the centre. A number of the residents and or their families had completed a satisfaction survey which indicated that they they were happy with the quality and safety of the service being provided. Two of the residents had only transitioned to the centre in the previous three month period but appeared to be settling in well to their new home. They had not yet engaged with a formal day programme but were considering different options. The other three residents were engaged in a day programme or college placement.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits.

Each of the residents had low support needs and were engaged in a good range of activities in the community. Examples included, paid part-time employment in a local food store, visits to an animal centre and museums, bowling, cinema, computer studies, drama class, swimming, playing video games, visits to local shops and restaurants, and walks in a local community park. A number of residents were involved in the special olympics for bowling and indoor soccer.

Staff spoken with outlined how they advocated on behalf of the residents and how they felt that each of the residents enjoyed living in the centre and got on well together.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs. However, some improvements were needed so as to ensure that the provider fully met the requirements for the monitoring of the quality and safety of the service.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had been in the position since March 2016. He was found to meet the requirements of the regulations and to have a sound knowledge of the care and support requirements for each of the residents. He held a degree in social care and had a certificate in management. He was in a full time post but was also responsible for one other centre, located a relatively short distance away by

car. He was supported by two team leaders and an administrator in this centre and in the other centre for which he held responsibility. Staff members spoken with reported that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. There was evidence that the person in charge had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of service.

The provider had completed an annual review of the quality and safety of care in the centre. However, the review did not provide for consultation with residents and their representatives as per the requirement of the regulations. The provider had completed six monthly unannounced visits to assess the quality and safety of the service as required by the regulations.

The provider's quality department had undertaken a number of other audits in the centre and there was evidence that appropriate actions had been taken to address issues identified. The person in charge submitted a monthly assurance governance report to the director of service. This included information on matters such as incidents, restrictive practices and risks. There was evidence that the operations manager visited the centre at regular intervals and completed quality assurance checklist. The centres administrator completed a weekly 'Bragg' report which included a review of documentation such as resident's monthly outcomes, action plans, finance records, medication records, daily reports and planners, and health monitoring records. A meeting between all of the persons in charge in the area and the director of operations and the operations manager were held on a monthly basis and there was evidence that learning was agreed and shared at this meeting between centres.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. A staff communication book and staff handover sheets were completed on a daily basis. On-call arrangements were in place for staff.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been provided. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. However, supervision for some staff was not being undertaken in line with the frequency proposed in the provider's policy. A sample of supervision files reviewed showed that supervision undertaken was of a good quality which supported staff to perform their duties to the best of their abilities.

There was a written statement of purpose. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required in schedule 1 of the regulations.

A directory of residents was maintained in the centre. However, in some cases the contact name and address for the individual or organisation which arranged for the residents admission to the centre was not recorded as per the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and ensure it meets its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. Staff received appropriate supervision.

Judgment: Compliant

Regulation 19: Directory of residents

The contact name and address for the individual or organisation which arranged for the resident's admission to the centre was not recorded in some instances on the directory of residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. However, the annual review of the quality and safety of care in the centre did not provide for consultation with residents and their representatives, as per the requirement of the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were appropriate arrangements for the admission of residents to the centre. A written contract for the provision of services was in place for each of the residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, that accurately and clearly described the services provided.

Judgment: Compliant

Quality and safety

The residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

Personal support plans were in place which reflected the assessed needs of the individual residents. A new format had been introduced for these plans in the previous three month period and staff appeared to have adapted well to its use in supporting residents. Personal plans outlined the support required to maximise individual residents personal development in accordance with their individual health, personal and social care needs and choices. Monthly outcomes

were recorded for each of the residents and daily activity lists with daily, weekly and monthly planners were recorded. There was evidence that progress in achieving identified goals were monitored. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. Three of the five residents were engaged in a day programme or college placement. The two remaining residents had only transitioned to the centre in the previous three month period and were in the process of considering a day programme which would meet their needs. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion. The latter included, paid part-time employment in a local food store, visits to an animal centre and museums, bowling, cinema, computer studies, drama class, swimming, playing video games, visits to local shops and restaurants, and walks in a local community park. A number of residents were involved in the special Olympics for bowling and indoor soccer. Residents had access to a computer and one of the residents had a personal computer in their own bedroom. There was a good range of board games and arts and crafts materials within the centre for resident's use.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own en suite bedrooms which had been personalised to their tastes and choices.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the resident. A weekly menu was agreed with residents at a weekly meeting.

Overall, the health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy. Environmental and individual risk assessments for residents had been completed and detailed appropriate measures to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. A new computerised incident reporting system had been introduced and trend analysis reports were completed for incidents occurring. This promoted opportunities for learning to improve services and prevent incidences. Overall, there were a low number of incidents in the preceding three month period.

There were systems in place to ensure the safe management and administration of medications. A medication management policy, dated January 2018, was in place. There was a secure cupboard for the storage of all medicines. All staff had received appropriate training in the safe administration of medications. Assessments had been completed to assess the ability of three of the residents to self manage and administer medications but had found that it was not suitable at this time for the individual residents to be responsible for their own medication. An assessment

had not yet been completed with the two new residents but this was planned. There were systems in place to review and monitor safe medication management practices.

Residents were provided with appropriate emotional and behavioural support. At the time of inspection, there was minimal behaviours that challenge presented in the centre. The inspector found that the assessed needs of residents were being appropriately responded to. Behaviour support plans had been put in place for residents identified to require same. These provided a good level of detail to guide staff in meeting the needs of the individual residents. There was evidence that the providers behaviour support specialist visited the centre at regular intervals to provide support for the residents and staff caring for them.

There were measures in place to keep residents safe and to protect them from abuse. There were high levels of staffing supervision in the centre to support staff. There had been a small number of allegations or suspicions of abuse in the preceding period which had been appropriately reported and dealt with. A small number of safeguarding plans were in place for residents identified to require same. There was evidence that debrief sessions were completed after any peer to peer incident and that regular key working sessions were completed with residents.

Regulation 10: Communication

The communication needs of residents had been appropriately assessed with appropriate supports put in place where required.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, spacious, accessible and promoted the privacy, dignity and safety of each resident.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant
Regulation 26: Risk management procedures
The health and safety of residents, visitors and staff were promoted and protected.
Judgment: Compliant
Regulation 28: Fire precautions
Suitable fire safety arrangements were in place.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Personal support plans were in place which reflected the assessed needs of the individual residents.
Judgment: Compliant
Regulation 6: Health care
Residents' healthcare needs were being met in line with their personal plans and assessments.
Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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

Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0021981

Date of inspection: 21/11/2018

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: · PIC has updated directory of residents to include the name and address of the organisation or body, which arranged each resident's admission to the centre as required by the regulations on 14th January 2019. (Completed)	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: · PIC has updated the annual report to reflect the consultation with the residents and their representatives. The annual review was updated on the 22nd November.(Completed)	

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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	14/01/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	22/11/2018