



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

Issued by the Chief Inspector

Name of designated centre:	Sugarloaf Lodge
Name of provider:	The Rehab Group
Address of centre:	Dublin 18
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2021
Centre ID:	OSV-0005045
Fieldwork ID:	MON-0033182

About the designated centre

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

Sugarloaf Lodge provides community residential services to three residents, over the age of 18. It is located in a suburban area in Dublin city and is operated by Rehabcare. The designated centre is a bungalow and consists of a sitting room, kitchen/dining area, a sensory room, a staff sleep over room, an office, a bathroom and three individual bedrooms. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge, social care workers and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 8 July 2021	10:20hrs to 17:20hrs	Gearoid Harrahill	Lead
Thursday 8 July 2021	10:20hrs to 17:20hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were supported to enjoy a good quality of life and that their wellbeing, welfare and rights were actively promoted. In general, the inspectors found the residents to be happy and comfortable living in the centre.

All three residents living in the designated centre were attending day services at the time of the inspection, including an educational programme facilitated by the provider. Inspectors met two of the three residents when they came home from these services, and all three residents completed a survey in which they provided feedback and commentary on their experiences in the house and community. Some residents commented on how they had been availing of remote day services, but liked that they were able to return to their preferred community activities as part of their routine. Residents commented positively on staff, indicating that they would be there for them if something was wrong, and worked closely with them to achieve their personal projects and objectives. Residents commented that their choices were respected in their home, such as preferred meals and sleeping late on weekends.

Inspectors observed kind and engaging interactions between staff and residents during the inspection. Staff evidenced a strong knowledge of residents' interests, preferences and hobbies. Where required, staff members were able to effectively interpret for residents who communicated using means other than speech.

The centre comprised of a large bungalow in a residential area. The house was comfortable and homely in its design and decor. All residents had their own bedrooms which were personalised to suit their preferences and had space to store their personal belongings. The house had large communal areas where the inspectors observed residents relaxing and watching television in the afternoon. The living room also had an arts and crafts area which one resident used regularly. Residents' artwork and photographs were on display on the walls. The house had a sensory room with soft play features, lights, colours, sounds and electronic activity boards. To the rear of the house was a large garden with a variety of sensory activities, play equipment and planting boxes for the residents, as well as an outdoor dining area in which a resident had recently celebrated a birthday party. The kitchen was suitably designed and had height-adjustable counters to support the residents to use the kitchen for their cooking and baking.

Residents were supported to stay in contact with their families through regular phone calls and visits to their family homes. Residents were encouraged and supported to engage in community activities, social, educational and work experience opportunities which were meaningful to them and were in accordance with their assessed capacity, interests and long-term goals.

The next two sections of this report present 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 safety and quality of the service being provided.

Capacity and capability

The inspectors found that the provider retained a good level of oversight of the operation of the designated centre and ensured that it was appropriately resourced to provide a safe, effective and engaging service for its residents. The provider had implemented actions to address and sustain improvements identified in the previous inspection and had carried out routine audits to identify areas in need of enhancement and improvement on an ongoing basis. Some development was required to ensure that regular service reviews were done in consultation with the residents.

The provider had conducted their annual review of the service in October 2020 and a six-monthly unannounced audit in May 2021. These audits trended and analysed incidents, accidents and risks to identify where development was required to maintain a service in which the staff team were equipped to carry out their duties and in which residents were kept safe and content in their home. The reviews highlighted achievements in gradually and safely reintroducing day services, community recreation and resident participation with educational programmes after the social restrictions due to COVID-19. Where areas were identified as in need of improvement, a time-bound plan of action was set out to address same. While these reviews were specific to this designated centre and its stakeholders, there was limited evidence that the residents contributed to its content with their feedback and satisfaction with the service, in accordance with their capacity and communication means.

Since the previous inspection, the provider had recruited and retained personnel and at the time of this inspection had no vacancies in the core staffing complement. Inspectors reviewed rosters which clearly indicated where staff were on training days, on leave, or on sick absences. Where it was necessary to use relief staff personnel to cover shifts, there was consistency with the same person being deployed, to mitigate the impact on continuity of resident care. Inspectors spoke with staff members and observed their interactions with the residents and found them to be knowledgeable of their needs, interests and personalities, and had a good relationship with the residents.

The provider ensured that there was a suitable complaints procedure in place which was accessible to residents. Complaints were clearly recorded and managed appropriately. The provider also ensured that the residents had access to advocacy services. One of the residents was very involved with a local advocacy group.

Regulation 15: Staffing

There was a suitable number and skill mix of staff to support residents' assessed needs, with suitable contingency arrangements to cover absences.

Judgment: Compliant

Regulation 23: Governance and management

Some improvement was required to ensure that service reviews reflected the feedback, suggestions and commentary gathered from consultation with the residents and, where relevant, their representatives.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a written contract, signed by the resident, which outlined the terms and conditions associated with the service.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the chief inspector of incidents and practices in the service in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place to support residents to make a complaint about the service.

Judgment: Compliant

Quality and safety

The inspectors found this to be a service in which the residents were safe, happy and kept actively engaged with meaningful opportunities for play, work, education and personal development goals. Resident support was guided by assessments and personal plans, with which residents were facilitated and encouraged to access and discuss with their respective key-working personnel. Residents were supported in a safe and comfortable home environment which was tailored to their preferences and support needs.

Residents had a comprehensive assessment of need and highly personalised and evidence-based plans in place, which were subject to regular review. These plans included how best to support residents with areas including personal care, nutrition, mobility and social needs. There was evidence of residents' involvement in the development of said plans in line with their communication needs. There were accessible plans available for residents, including plans which made good use of pictures and props to support residents. The personal plans included action plans with realistic, measurable goals, and progress on these was regularly discussed, reviewed and adjusted where appropriate.

Support plans were developed when required for supporting residents with specific healthcare needs. There was regular input from clinicians such as dietician, behavioural therapists and general practitioners. Plans were in place to support residents who exhibited behaviour which may carry risk for themselves or others. Restrictive practices were regularly reviewed and the provider was assured regarding the rationale and suitability of the restrictive practices assessed as necessary for the relevant risk.

Residents were supported to pursue opportunities for recreation, social and community engagement, education and work experience. These were planned and structured with the support of their keyworker, with whom the resident met regularly to discuss where short and long-term goals were progressing according to plan, or where objectives and timelines needed to change. House meetings took place regularly in which residents could plan out events and activities together, such as a recent birthday party and plans for a summer barbeque for the residents and their families.

The house was suitably designed and equipped to support the residents. Wide corridors, level flooring and adjustable worktops allowed for unobstructed access for residents who utilised equipment to get around. Rooms were personalised with photos, artwork and as much or as little personal decoration as each resident wished to have. Simple language signs, pictures, communication boards and item props were used to support the residents to follow their preferred routine and communicate with the staff. The premises was clean, in a good state of maintenance, and equipped to reduce infection control risk. Some minor review of storage solutions was required to avoid mobility equipment and supplies being

stored in shared bathroom space. The premises was suitably equipped to contain flame and smoke in the event of fire, and the provider conducted regular practice fire drills to be assured that residents and staff could exit the house safely and efficiently in an emergency.

The inspectors reviewed medication procedures and practices with staff. Staff were provided clear instruction and were knowledgeable on the prescribed dose, route, frequency and protocols associated with each medication. Medicines were appropriately stored. Residents who were assessed as requiring limited support to administer their own medicines were supported and encouraged to do so independently with an appropriate level of oversight to ensure it was being administered correctly. Staff carried out nightly checks and counts to reduce the risk of medication errors, and these were double-checked regularly by the team leader. These checks assured the provider that all medications were administered correctly, and that any errors were based on recording with no adverse impact on residents.

Regulation 10: Communication

Residents were supported to communicate through appropriate pictures, props and guidance for staff on their assessed needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in education, recreation and community opportunities in accordance with their interests and personal objectives.

Judgment: Compliant

Regulation 17: Premises

Some minor improvement was required on storage of equipment in a suitable location.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider maintained a centre-specific risk register which was informed and updated by incidents and adverse events in the service.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was suitably equipped to manage infection control risks, with staff following appropriate practices.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was suitably equipped to detect, contain and extinguish fire and smoke, and the provider was assured that evacuation of the premises could be achieved in a safe and efficient manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate protocols in place to ensure safe administration, recording, storage and disposal of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal support plans were person-centred, accessible to residents, and kept up to date with appropriate input from the residents, their key workers and the relevant healthcare professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to protect residents from behaviours which may put themselves or others at risk. Where restrictive practices were utilised, they were kept under review to ensure they were the most suitable and least restrictive means to mitigate the relevant risk.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Sugarloaf Lodge OSV-0005045

Inspection ID: MON-0033182

Date of inspection: 08/07/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The Provider will examine options for increasing Resident's contribution to the 6 monthly and annual reviews completed in this service and adapt the process to facilitate consultation. This will be completed by 30th September 2021.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">- Alternative storage option will be explored to store the equipment. This will be completed by 30th of August 2021.	

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2021