



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

## Issued by the Chief Inspector

Name of designated centre:	Lemongrove House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	22 August 2023
Centre ID:	OSV-0007634
Fieldwork ID:	MON-0038179

## About the designated centre

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

Lemongrove House is a residential home for adults, located in a town, in Co. Wexford. Residential services are provided to adults, both male and female. Up to six residents can be accommodated at any one time. Communal areas include a dining room, living room and kitchen with a separate larder room for food storage. Recreation and leisure space is provided in the garden area. The statement of purpose describes the environment as aimed at the needs of people with a particular, identified, genetic condition. Services are provided in Lemongrove House for persons with a particular genetic condition who present with complex medical and behavioural support needs. The statement of purpose outlines the ethos as providing support in a manner promoting independence, based on individual needs. The service is described as a community based service where staff encourage residents to enjoy the benefits of the local community and social facilities. Vehicles are allocated to the house to support community access. Staff support is by way of a team of support workers supported by a multidisciplinary team. The numbers, qualifications and skills-mix of staff is described in the statement of purpose as 'appropriate to the number and assessed needs of the actual residents taking into account the size and layout of Lemongrove House'.

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

Number of residents on the date of inspection:

6

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
Tuesday 22 August 2023	10:00hrs to 17:45hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

The centre comprises a large two storey property set in its own grounds, with a paved courtyard and stable block to one side. The centre provides home for a maximum of six residents, there were no vacancies at the time of inspection. The property is designed to allow for each resident to have a self contained living space with bedroom, en suite, living area and kitchenette. Residents did not prepare or cook meals in their apartments at the time of inspection, however had the opportunity to dine in their apartments if they choose to. The main kitchen area was restricted to residents and meals and snacks were prepared according to a meal plan, developed by a dietician. Residents had access to additional communal areas such as a dining room, living room and gym. The statement of purpose describes the environment as aimed at the needs of people with a particular, identified, genetic condition. The inspector had the opportunity to meet with residents over the course of inspection. Over the course of the day the inspector also had the opportunity to review documentation, speak to the staff and local management team and to review the premises.

On arrival to the centre, the inspector was greeted at the door of the centre by one resident, the resident welcomed the inspector and later in the day the inspector had the opportunity to visit the residents self contained apartment. The resident was very proud of their individual space and enjoyed showing the inspector photos of family and also discussing with the inspector their achievements, such as completion of a walk in aid of charity. The inspector met with another resident as they were walking around the grounds of the property. The resident choose to walk with the inspector for some time before returning to their support staff. Later in the day the resident was observed relaxing in their bedroom. The staff explained to the inspector that this resident had been experiencing ill health and was not presenting in their typical form. Staff were seen to be responsive to the residents needs on the day of inspection. A third resident was enjoying their breakfast which had been prepared by staff in line with their individual meal plan. The resident later engaged in a gym session in the gym area which was available to residents in the centre. The gym had various equipment and recommended programmes for residents to engage in. The person in charge advised that residents also enjoy attending community gyms locally. One resident had attended a swim session in a local hotel on the day of inspection and walked back to the centre supported by staff. Another resident preferred to sleep later in the day and met with the inspector later in the day. The resident invited the inspector to see their apartment. The resident had decorated their apartment according to their tastes and informed the inspector that they liked living there. The resident was seen preparing to leave the centre to go for a coffee locally. Residents were observed to have a busy and active schedule and were observed coming and going from the centre throughout the inspection.

The staff who spoke to the inspector were knowledgeable regarding residents' needs. Staff spoke about residents' individual needs and preferences and how they

as staff respond.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. However, there were some areas for improvement which included review and update of safeguarding documentation, risk assessment and identification of restrictive practices. Overall, the residents appeared content in their home and in the presence of staff members throughout the inspection.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The inspection was facilitated by the centre's person in charge and also by the team leader who was involved in its running and operation. A senior manager also involved in the running of the centre and its operation attended the centre later in the day and was available to speak to the inspector. The inspector found that overall care was provided to a high standard, however, improvements were required in relation to safeguarding documentation, risk assessment and identification of restrictive practices.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was an established staff team in place.

There was systems in place for the training and development of the staff team, staff spoken to throughout the inspection had the necessary skills and competency to care for residents.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced

person in charge to the centre. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge maintained a planned roster for the centre. The inspector reviewed the roster and this was seen to be reflective of the staff on duty on the day of inspection. There was a core staff team with the relevant skills, qualifications and experience in place, which ensured continuity of care and support to residents. There was an on-call roster in place that was covered by members of the providers management team including persons in charge and this was available to all staff.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team had access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with the resident's assessed needs. A number of relief staff required refresher training, the provider had systems in place to ensure training was scheduled and completed.

There were systems in place to ensure that staff were in receipt of regular formal supervision, to ensure that they were supported and aware of their roles and responsibilities. The inspector reviewed a sample of these and found they were completed as outlined in the provider's policy. The person in charge had a schedule for supervision over the course of the year in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems in place in the centre. The provider and person in charge were ensuring oversight through regular audits and reviews. The provider had completed six-monthly reviews and an annual review of care and

support in the centre. While the provider had consulted with residents and representatives , this information had not been included in the annual review. The provider amended the report and submitted this to the inspector.

The provider and local management team were found to be self-identifying areas for improvement and to be taking the necessary steps to bring about the required improvements.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, review of the premises, review of risk management, individual assessment and personal plans, protection and infection control systems. The provider was for the most part identifying and responding to areas that required improvement.

The inspector reviewed a sample of residents' personal files which comprised a comprehensive assessment of residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents with their personal, social and health needs.

The residents were protected by the policies procedures and practices relating to safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home. Improvements were required to ensure safeguarding plans were reviewed and updated as required.

Relevant risks were discussed with the inspectors on the day of inspection. A risk register was in place to provide for the ongoing identification, monitoring and review

of risk. Not all risks had been assessed as such for example, an incident which occurred between two residents and subsequently required increased supervision and support from staff had not been assessed or mitigating measures documented. The inspector was assured that appropriate measures had been taken by the provider to ensure residents safety at time of inspection.

### Regulation 13: General welfare and development

Residents were found to be supported to engage in various social activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities. For example, swimming, horse riding, beach walks, music events and yoga.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained internally and externally. The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. All residents had their own self contained apartment which were decorated to reflect their individual tastes. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them in their apartments.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. General risks were managed and reviewed through a centre-specific risk register. The residents had number of individual risk assessments on file so as to promote their overall safety and well-being, however not all risks had been included. For example, the provider had increased supervision and assigned additional staff support to two residents following an incident between them. While the provider had taken the appropriate measures and had developed a safeguarding plan the risk had not been assessed as such.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had implemented corrective actions outlined from a previous inspection. Residents were protected by the infection prevention and control policies, procedures and practices in the centre. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned.

Judgment: Compliant

## Regulation 6: Health care

Each residents' healthcare supports had been appropriately identified and assessed. The inspector reviewed healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents for the most part were facilitated to access appropriate health and social care professionals as required. However, one resident, was accessing mental health services through an accident and emergency department in a general hospital. The provider recognised this was not sustainable and had submitted numerous referrals to access services on behalf of the resident.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. However, not all practices had been considered as restrictive. For example, one resident had a specific plan in place regarding use of a razor and tweezers. While a risk assessment was in place to rationalise the reason for the plan, it had not been identified as a restrictive practice.

Judgment: Substantially compliant

## Regulation 8: Protection

The residents were protected by the polices procedures and practices relating to

safeguarding in the centre. Staff had completed training and were found to be aware of their roles and responsibilities in relation to safeguarding. The residents were observed to appear comfortable and content in their home. Improvements were required to ensure safeguarding plans were reviewed and updated as required. For example, a number of safeguarding plans had not been reviewed as scheduled.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Overall in the service was striving to provide residents with choice and control across service provision. Staff were observed to respectfully engage with residents. There was information available for residents in relation to their rights, complaints and advocacy. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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
<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 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Lemongrove House OSV-0007634

Inspection ID: MON-0038179

Date of inspection: 22/08/2023

## 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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A risk assessment will be completed in relation to the safeguarding plan mentioned in the report	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: We have successfully gained access to the ID Mental Health Team for the resident in question. She has her 1st appointment with her psychiatrist on 26/09/2023	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A full review of restrictive practices will take place for Lemongrove. Lemongrove is scheduled to be reviewed by the restrictive practice committee in October 23.	

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All Safeguarding Plans will be reviewed.	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	29/09/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	22/09/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	31/10/2023

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	06/10/2023