



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

## Issued by the Chief Inspector

Name of designated centre:	Dane Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	14 September 2023
Centre ID:	OSV-0007973
Fieldwork ID:	MON-0032104

## About the designated centre

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

This centre is based in County Waterford and is run by Nua Healthcare Services. It opened in 2021. The centre provides a residential service to individuals who require support with their mental health, a diagnosis of autistic spectrum disorder, an intellectual disability or an acquired brain injury. This service can accommodate both male and female residents from the age of 18 upwards. The centre consists of a two storey house located in a rural setting, and two stand-alone apartments. The main house is sub-divided to contain four separate living areas with private bedrooms. One bedroom has access to the main house. The capacity of the service at the time of this inspection was six residents and it operates seven days a week. During the day, service users engage in personalised programmes and they can avail of training opportunities delivered through an outreach service delivered by the provider. The staff team includes assistant support workers and social care workers who are lead by a deputy manager and the person in charge. Residents have access to multidisciplinary professionals either through the Health Service Executive or the suite of professionals employed by the provider.

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

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 14 September 2023	09:30hrs to 16:45hrs	Elaine McKeown	Lead
Thursday 14 September 2023	09:30hrs to 16:45hrs	Tanya Brady	Support

## What residents told us and what inspectors observed

The inspectors met with three of the six residents during the inspection. The three residents who met inspectors were introduced at times during the day that fitted in with their individual daily routines. A fourth resident was relaxing in the sun room when the inspectors arrived and chose not to meet with the inspectors at that time. This was respected and the inspectors observed this resident supported by staff on their return to the designated centre in the afternoon after attending a scheduled appointment. The two other residents had departed to attend their day service prior to the inspectors arriving. One was later observed returning home and engaging with staff as they moved between the vehicle and their house.

This was an announced inspection, completed to monitor the provider's compliance with the Regulations and to inform the decision in relation to renewing the registration of the designated centre. The residents, family and /or representatives and staff team were informed in advance of the planned inspection. The inspectors reviewed six questionnaires, which had been completed by the residents themselves or by family or representatives in advance of the inspection. Overall, positive comments were contained within the documents. The staff team were described as being "very caring" and "patient". Residents regularly participated in activities of their choice such as swimming, horse riding and other social activities such as going to the cinema. Residents were also being supported to attain personal goals, eat healthy foods and maintain regular contact with family representatives. The designated centre was described as a nice place to live. Individual responses did reflect specific needs of the residents such as one outlining the possible benefit of more opportunities to go swimming and another for a resident to be supported to engage in work experience. Inspectors found that staff were receptive to each resident's individual assessed needs, personal interests and goals during the inspection.

On arrival the inspectors were greeted by the person in charge and a deputy manager. They provided an outline of the residents' planned routines for the day. The designated centre was found to be warm and decorated in a manner to reflect the personal choices of each resident. However, while the person in charge had identified some maintenance works to be completed, some additional general maintenance issues were identified during the walk around of the designated centre by the inspectors. These included damage to surfaces which adversely impacted on effective cleaning of some areas. This will be further discussed in the quality and safety section of this report.

Both inspectors met with one of the residents in their apartment. This was located adjacent to the main house and the resident spoke of their interest in video and arcade games. They also identified which staff member was the best at playing these games with them. They stated they were very happy with their apartment. It was decorated with personal possessions which were reflective of their interests. They were observed to smile and interact in a jovial manner with the staff members

present. They proudly explained their weekly routine which included working in a local charity shop for an hour once a week and actively participating in the local tidy towns. Staff present were also observed to support the resident to explain to the inspectors the social activities they enjoyed which included visiting a named outlet for a preferred hot drink daily.

One inspector met with another resident in an upstairs apartment in the main house after they had completed their lunch. The resident had an interest in wrestling and music. This was evident from the large number of personal possessions on display in the sitting room. The resident smiled as they were encouraged by staff to explain to the inspector about a concert they were going to be attending the week after this inspection. They spoke of where they were going to stay overnight and how they really liked the artist. They had also purchased new clothes to wear at the event. They also spoke about another concert they had attended recently with staff. The inspector was also informed of how the resident had ensured they cleaned their apartment before leaving earlier that morning before the inspectors arrived. This resident had recently celebrated a milestone birthday and photographs were on display in the communal area of the centre of their celebration.

Another resident met with an inspector in the afternoon while they were resting on the couch in their sitting room. The resident had an interest in sports and was observed to smile and joke with a staff member when discussing the results of a recent football final. The resident spoke of their preference to live in another county but said they would like their staff team to move with them. They liked their own apartment and the secure garden in this designated centre.

The inspectors observed many interactions between the staff team and the residents throughout the inspection that were respectful. For example, seeking consent from residents for the inspectors to visit their apartments. Staff also respected the decision of one resident who chose not to meet with the inspectors and waited for another resident to return to the designated centre before bringing the inspectors to see the apartment as they had not given their consent before leaving earlier in the day. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. In addition, relevant information was provided to inspectors in advance, regarding the rationale for precautions to be taken and the type of specific personal protective equipment (PPE) which was required to be worn by staff when supporting some of the residents. This was imparted in a professional manner.

All staff had completed training in Human rights and evidence of residents being involved in decisions relating to their care and services was evident. Staff were able to provide the inspectors with examples of the impact of this training. It was evident that a rights-based approach was taken to supporting residents in this centre. These included respecting residents' rights to individuality, choice, respect, capability, relationship, community inclusion, personal expression, safety and wellbeing and voice. The inspectors noted a number of examples of good practice in both respecting and upholding residents' rights in the centre throughout the day. For example, the use of easy-to-read or personalised information, the use of multiple resources in supporting learning or employment, the awareness of the importance of

privacy within the shared areas and in their own apartments, how consent was obtained for activities and meaningful access to the community.

In addition, while speaking to the inspectors throughout the inspection, staff further demonstrated the person-centred care provided to each resident. For example, one resident liked to hear stories being read to them. Staff explained how the resident's relatives had recorded themselves reading some of these stories and a device which read the stories aloud was also available. However, the resident preferred to see staff physically turning the pages and reading the book. Staff spoke fondly of this activity. Another two residents enjoyed spending time on a virtual reality gaming bus that was hired to celebrate a milestone birthday for one of the residents earlier in 2023. The bus was parked on the grounds of the designated centre and both were reported to have really enjoyed the experience.

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

## Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspectors observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspectors about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in a comfortable environment where they were happy, safe and engaging in activities they enjoyed. The person in charge and deputy manager in addition to a shift leader for the centre were found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living and staying in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. The floor plans were required to be updated and re-submitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 2 of the regulations.

Judgment: Substantially compliant

## Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre.

They were supported in their role by a deputy manager and two shift leaders and also had support from an area manager. These staff demonstrated during the inspection their awareness of their roles and responsibilities and were familiar with the assessed needs of the residents. Duties were delegated and shared including audits, supervision of staff, review of personal plans and fire safety measures.

Judgment: Compliant

## Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspectors found that there were at all times sufficient numbers of staff present with the necessary experience, to meet the needs of the residents who lived in this centre. The inspectors met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge and team leader reviewed the effectiveness of the staffing arrangements on an ongoing basis. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider had access to a team



of consistent relief staff that were used to fill gaps on the roster. The provider had a staffing contingency plan in place which outlined the minimum safe staffing levels that could be in place based on residents' assessed needs. The centre had not yet had to utilise the contingency arrangements

A review of planned and actual rosters indicated that there was an appropriate number of staff who had the required knowledge and skills to support residents in line with their assessed needs. Planned and actual rosters were well maintained. The provider had worked to recruit staff to fill any vacancies that had arisen and the centre was fully staffed on the day of the inspection. The inspectors found and observed that the residents enjoyed good continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults or in the management of medicines. In addition, training was provided in areas such as first aid, personal and intimate care, finances and food safety. Staff had also completed a number of training sessions in areas related to infection prevention and control such as hand hygiene, respiratory etiquette and PPE. Staff had completed training on a human rights-based approach to health and social care with examples provided as to how staff used this training. Further detail of these examples have been included in the 'What residents told us and what inspectors observed' section of the report

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including management of blood pressure or knowledge of autism.

Staff supervision was scheduled in advance and occurring in-line with the provider's policy. The person in charge maintained a schedule of both practice support sessions or on-the-floor management. For the local management team support and supervision was also provided by a professional peer in addition to support from within the providers' management structure.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was maintained and

contained all the information specified in Schedule 3: Information for residents.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a deputy manager and two shift leads. The person in charge was also supported in their role by a senior manager who fulfilled the role of area manager for the centre. The provider had ensured the designated centre was resourced to provide effective delivery of care and support in accordance with the statement of purpose.

Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. The provider had carried out an annual review of the quality and safety of resident care in the centre. These reviews also included detail on the consultation which had taken place with residents and their representatives.

There were a number of monitoring systems in place within the centre such as internal health and safety audits, medication reviews, financial reviews and personal plan audits. Actions were recorded and tracked for each of these and reviewed regularly to ensure relevant tasks were completed.

Team meetings with staff took place in line with the provider's policy. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits, risk assessments, fire, infection prevention and control safeguarding and training. There was evidence of residents' needs being central to meetings and residents' rights formed part of the team discussion. There was also evidence of sharing learning across the organisation. This included weekly information sharing meetings by senior management with relevant information being made available to the person in charge in the designated centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Since the previous inspection of this centre there had been a change to the residents living here, with one new resident having moved in to live in the centre. The inspectors reviewed all documentation and found that the provider and person in charge had followed their admissions process. There was evidence of liaison with other agencies that were also involved in the move of the resident into the centre.

This process included pre-admission assessments which considered the impact of the resident's assessed needs for them and possible changes on moving to the centre. Arising from these needs based assessments a number of risk assessments were developed in addition to consideration given to compatibility.

All residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied.

The inspectors reviewed transition plans that had been developed to support residents in moving into the centre and found them to be person-centred.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge during the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector of Social Services had been informed in writing of adverse events and quarterly notifications as required by the regulations.

The provider had systems in place for the review of all incidents that occurred within the designated centre. The person in charge ensured regular review of personal plans and communication notes as well as recorded incidents to ensure ongoing

compliance with this regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents, their representatives and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was. Inspectors found that staff had supported residents to make complaints when an issue arose. These had been acknowledged and dealt with in a timely manner to the satisfaction of the complainant. There was also documented evidence of follow up at key worker meetings with the residents.

The staff team had received a large number of compliments which were reviewed by the inspectors. These were received from multiple sources which included family representatives and health care professionals. The compliments included positive reflections on the provision of safe, caring and effective services to the residents.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had ensured that they had developed all Schedule 5 policies as required and these were implemented and made available to staff. They were found to have been reviewed as required and reflected where appropriate best practice and National guidance.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or in the local community. From

speaking with residents and staff, and from a review of a sample of residents' assessments and daily records, the inspectors found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking part in local groups. In addition, residents were encouraged to participate in household chores which included laundry, recycling and cleaning activities.

All residents had personal care plans that were reflective of each individual's assessed needs and the supports they required. All were subject to regular review. Residents were also supported by a key worker who was a member of staff familiar to the resident. The person in charge ensured there was an effective system in place for all plans to be reviewed as required but no less frequently than annually. Residents were supported to identify personal goals that were reflective of their interests. For example, one resident had enjoyed an overnight break in Ireland. They were planning to expand this to a two night break with staff support. During the inspection staff spoke of the positive outcomes for that resident during that holiday which included a less restrictive environment for the resident.

There was also documented evidence on ongoing monitoring of residents' health. Input was regularly provided by health and social care professionals including , occupational therapists and speech and language therapists. Each resident had detailed healthcare management plans. Daily and monthly monitoring was consistently completed where required, this included blood pressure monitoring and nutritional intake. Residents were supported to attend healthcare appointments, including a General Practitioner (GP) when required. Staff spoke of how one resident would find it difficult to enter and wait in a busy GP surgery. The particular GP was informed of this difficulty and would come out to meet with the resident in the car. This assisted in reducing the anxiety being experienced by the resident when having to undertake such a review.

The design and layout of the designated centre supported the assessed needs of the residents. It was located on a spacious site. Each apartment had adequate facilities to meet the needs of the resident living there. There was evidence on ongoing review of maintenance and systems in place to address issues identified by staff or during scheduled audits in a timely manner. The person in charge outlined what actions had been taken to date and what were being considered by the provider to resolve an issue with water seepage on the floor of the detached building where the laundry room was located. It was not adversely impacting the residents at the time of this inspection. However, there was some evidence of general wear and tear on some items of furniture and flooring which adversely impacted the effective cleaning by staff of these surfaces. In addition, not all areas were subject to the same level of regular cleaning such as window sills and corners of some rooms. These issues were discussed during the inspection.

## Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to personal communication dictionaries and hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand. Staff were aware of communication supports residents required and were noted to be responsive and kind.

Residents were supported to maintain relationships with family and friends. They were supported to engage in video calls with family representatives. Some residents had their own mobile phones, personal music playlists and smart televisions. There was evidence of symbol supported daily schedules and symbol supported information to guide understanding of daily routines and for participating in frequently repeated activities. Staff were provided with guidance on interacting with residents with advice on how to support residents with complex communication strengths and needs.

Judgment: Compliant

### Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their apartments or in the community.

Judgment: Compliant

### Regulation 12: Personal possessions

The provider had a clear policy and processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who required different levels of support and guidance in managing their possessions including finance management.

There were current assessments available to ensure the assessed level of support required was in place. There were inventories maintained of residents' personal possessions which were reviewed and updated as required. Daily checks as part of the financial process were carried out and there were systems of auditing and oversight in place by the provider and person in charge.

Staff showed the inspectors the processes they used to support residents in reviewing bank statements and in the management of online spending and

implementing savings plans.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in line with their assessed and changing needs. One resident was supported to visit their family home regularly.

Judgment: Compliant

### Regulation 17: Premises

The centre comprises two standalone premises on the same site. One was for two residents who lived in self-contained apartments side by side each with their own garden area. The other was the main house that contained three self-contained apartments and one bedroom where the resident had access to a communal kitchen-dining room and sun room. The surrounding gardens were planted with mature shrubs and trees and were well maintained, with a number of seating and relaxation areas available.

Overall, the centre was designed and laid out to meet the number and needs of residents living and staying in the centre. Both premises were spacious, warm, clean and comfortable. Residents had their own front doors into their personal spaces which were identified with a nameplate and painted a colour they had selected.

There were systems in place to log areas where maintenance and repairs were required and evidence that works had been completed since the last inspection. Where inspectors identified that some work was required for example under Regulation 28 Fire precautions the provider's maintenance team had someone present to complete the repair prior to the end of inspection.

Some minor areas of repair and maintenance were required throughout the premises which related to wear and tear. These were discussed with the person in charge on the day and are reflected in the judgment against Regulation 27 Protection against infection due to the impact on effective cleaning.

Judgment: Compliant

## Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents. Food preferences were known and documented by the staff team. Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each individual during the day.

There was evidence of safe food storage practices begin adhered to both in the main kitchen and kitchenette areas in the apartments.

Judgment: Compliant

## Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Service records and maintenance plans were in place for any equipment present in this centre. Where required external specialist agencies had completed risk assessments for example in the area of fire safety and actions identified in these had been completed and risks amended.

Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspectors reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspectors found that there was positive risk taking which promoted residents' opportunities to engage in activities of their choice.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.



Judgment: Compliant

### Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre was for the most part clean and there were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day that they took these responsibilities seriously. The provider had implemented a colour coded mop system and there were suitable arrangements for the storage of buckets and cleaning equipment.

On walking through the premises, the inspectors found a number of areas that had not been cleaned to the same standard as other areas and these had not been identified by the local management team as part of their auditing mechanisms. These included for example; the presence of dead insects on a resident's windowsill where their items had not been moved to clean behind and behind a television in the corner of one apartment. High areas in the centre such as roof windows and in corners of rooms had cobwebs and debris present.

At the time of this inspection there were a number of minor areas of premises maintenance required to be addressed to ensure that all areas of the centre could be effectively cleaned. This included grout required between tiles on a bathroom floor, scratched flooring and chipped or peeling paint. There were clear systems in place for the management of laundry and waste in the centre. There was access to alginate bags if required and staff were familiar with the procedures in place. There was access to waste bins for clinical or personal care waste and the main bins were safely stored behind fencing in the garden.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were consistently completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. Staff also ensured that each resident had a "grab bag" which contained items such as a preferred drink to support a resident to evacuate if required. However, the location of these bags required further review. On the day of the inspection all six bags were located in the main house. This resulted in the grab bags for the two residents living in the detached apartments being located away from their immediate environment.

All staff had attended training in fire safety and core staff had attended fire warden training in June 2023. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. These had also been completed with all residents including a minimal staffing drill with evacuations being completed in under two minutes. Actions and learning taken from the completed drills were also documented. For example, following a fire drill in November 2022 staff were provided with a refresher training video regarding accessing the fire panel. However, details documented did not include the exits used during the drills or a scenario of where the potential fire from which residents were evacuating from. This was discussed with the person in charge and during the feedback meeting at the end of the inspection.

Some minor work was required to ensure there was containment between floors of the centre as a result of pipe work passing through ceilings and the gap not having been completely sealed. The provider had a member of their maintenance department on site before the inspection was complete and this work was carried out.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, daily and weekly medicine checks, medicine sign out sheets and ongoing oversight by the person in charge. For example, an additional process was in place for staff to complete during each shift. On a daily basis the individual medicine administration times of each of the residents was documented. This information was clearly visible and updated on a white board in the office at the start of a shift to ensure all medicines had been correctly administered. In particular, this assisted staff if there were any changes to administration times due to changes to medicines following review by healthcare professionals. Staff spoken too outlined how this reduced the risk of omissions or errors occurring.

All core staff had attended medicine management training and the person in charge outlined how they ensured ongoing competencies of all staff in the designated centre. A centre specific protocol regarding medicine management was in place.

New staff did not commence administering medicine to the residents until they were working in the designated centre for at least six weeks. This facilitated the residents to become familiar with the new staff. It also assisted the new staff to observe how residents preferred to be supported with the administration of their medicine.

All residents had been supported to complete a capacity assessment regarding self-administration of their medicine.

During the inspection staff were observed to ensure they had all the required medicines to support each resident while engaging in all activities away from the designated centre. The person in charge outlined and demonstrated the process followed by staff. This included medicines that were not contained in blister packs and liquids. There was also a protocol to ensure the staff administering medicines during the day in the designated centre would not be interrupted by other staff members during this activity. In addition, there was signage to inform staff of safe medicine administration located on the medicine press. Management also completed a daily check of medicines administered ensuring all documentation was appropriately completed by the staff.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, hopes and dreams in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were reviewed on a monthly basis.

Residents were supported to set goals that had meaning for them. For instance, one resident was to build on their volunteering experience and apply for paid employment and, for another resident it was to travel and go away for a night. Other residents were supported to go to cafés or make something to eat while others wished to go on an outing such as to the cinema.

Residents had a their favourite activities included in their weekly plan such as taking time to complete tasks such as laundry, or going into the local community. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services in advocating for them to be delivered in a bespoke manner. For example, where a GP came out of their surgery to meet a resident rather than request they attend a busy communal waiting area.

Residents also accessed health and social care professionals as required. Advice arising from assessments was integrated into care plans and reviewed on an ongoing basis.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge.

The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines. Staff were supported to understand what was being communicated by a resident as part of the precursor section of positive behaviour support plans.

There were a number of restrictive practices in use in the centre and the inspectors found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. There were systems for recording when a restriction was used out of context or unexpectedly.

Judgment: Compliant

## Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

The person in charge had developed individualised supports for residents when they were learning about staying safe such as local members of An Garda Síochána being invited to speak with individuals in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspectors found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through their meetings and discussions with staff or their keyworkers.

Over the course of the inspection the inspectors observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing financial or advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as fire safety.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Dane Lodge OSV-0007973

Inspection ID: MON-0032104

Date of inspection: 14/09/2023

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>1. The Person in Charge in conjunction with Director of Operations will conduct a review of the Designated Centres floor plans to ensure these accurately reflect the layout of the Designated Centre.</p> <p>Note: The action was completed and submitted to HIQA Registration Office on 25th September 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. The Person in Charge will ensure that all planned maintenance works identified during inspections are completed. Identified date for completion of all planned works is 31 October 2023.</p> <p>2. The Person in Charge will carry out daily checks to ensure that cleaning is completed in line with cleaning schedules in place.</p> <p>Note: Since the inspection the Person in Charge has reviewed and updated the cleaning schedules to ensure that all areas of the Centre are noted inclusive of high areas for dusting/ cleaning. This action has been completed since 18 September 2023.</p>	



## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	25/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	31/10/2023

	infections published by the Authority.			
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