



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

Issued by the Chief Inspector

Name of designated centre:	Drumiskabole Lodge
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	23 October 2019
Centre ID:	OSV-0002602
Fieldwork ID:	MON-0023883

About the designated centre

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

Drumiskabole Lodge is a designated centre operated by the Health Service Executive. The centre is located a few kilometres from a town in Co. Sligo and provides residential care for up to five adults, who are over the age of 18 years and have an intellectual disability. Each resident has access to their own bedroom, some en-suite facilities, shared bathrooms, shared communal areas and large garden space. Staff are on duty both day and night to support the residents who live at this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
23 October 2019	10:00hrs to 15:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector met with three of the four residents who currently live at this centre. Upon the inspector's arrival, she was greeted at the door by two residents who were leaving the centre to go horse-riding. One of these residents liked to greet others in a specific way and staff who were supporting this resident, prompted the inspector on how to conduct the greeting to this resident's satisfaction. One resident remained at the centre for most of the inspection and had regular engagement with the inspector during that time. He told the inspector that he enjoyed Halloween, that he regularly went on outings, liked to go shopping and spoke about the type of music and various activities he enjoyed.

The inspector observed several positive engagements between staff and residents throughout this inspection and staff who met with the inspector, were very familiar with the residents and spoke very respectfully of each resident's needs and personal preferences. Residents were also observed to freely access all areas of the centre as they wished and appeared very comfortable in the company of the staff members who were on duty.

Capacity and capability

Overall, the inspector found this was a well-resourced and well-managed centre that promoted residents' rights and dignity, which resulted in residents having a very good quality of life. Although for the most part, the areas inspected were found to be in compliance with the regulations, some improvement was required to the management of restrictive practices, residents' personal plans, the centre's fire procedure and assessment and monitoring of identified risk.

The provider had suitable arrangements in place to ensure the number and skill-mix of staff working at the centre was adequate to meet the needs of residents. The person in charge informed the inspector that the provider had recently undergone recruitment for the centre and that additional staffing resources were being made available to the service in the weeks subsequent to this inspection. In the interim, to ensure residents' nursing care needs continued to be met, the person in charge was rostered at the centre until this additional staff arrangement commenced. To support the person in charge to have the capacity to do so, the provider ensured additional care staff were made available to the centre for a few hours each week, which provided the person in charge with the time to also fulfill his duties as person in charge. The inspector observed that during this time, the provider had also maintained continuity of care for residents, ensuring they were at all times cared for by staff who were familiar to them. The person in charge also ensured staffing levels were subject to regular review, which had a positive impact

on the service delivered to residents. For example, following the outcome a resident's manual handling needs assessment, additional staff support was in place to ensure this resident had the staff support and supervision they required to safely mobilise around the centre and community. Staff who met with the inspector spoke positively of their experience of working at the centre and they were found to be very familiar with each resident's needs and preferred lifestyles.

The person in charge was present at the centre on regular basis which had a positive impact on the oversight of care delivered to residents and also afforded residents and staff to meet frequently with him. Regular local and management team meetings were occurring, which allowed for residents' needs and the operational needs of the service to be regularly discussed. A training schedule was also in place, which ensured that all staff had received up-to-date training in areas such as fire safety, safeguarding, safe administration of medicines and manual handling. Staff were also subject to regular supervision from their line manager which had a positive impact on their professional development. The annual review of the service and six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were identified, action plans were put in place to address these.

The statement of purpose was in the process of review at the time of this inspection to ensure it included all information as required by the regulations.

Regulation 14: Persons in charge

The person in charge was found to have the experience and qualifications necessary to fulfill his role. He had very good knowledge of residents' needs and of the operational needs of the service. He was supported by his line manager and staff team in the running and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had arrangements in place to ensure that the number and skill-mix of staff working at the centre was adequate in meeting residents' needs. A well-maintained staff roster identified the names of staff and their start and finish times.

Judgment: Compliant

Regulation 16: Training and staff development

All staff received regular training and refresher training, as and when required. Staff were also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were employed to oversee the delivery of care at this centre and ensured that residents had access to the various resources that they required. The annual review and six monthly provider-led audits were occurring in line with the requirements of the regulations and where improvements were required, these were addressed in a timely manner.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Although the provider had made efforts to ensure each resident had a signed written agreement in place, one written agreement remained unsigned at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in place and the person in charge was in the process of updating this document at the time of inspection to ensure it included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place which ensured all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found staff knew residents very well, residents were consulted regularly about how they wished to spend their time and that suitable arrangements were in place to ensure residents were provided with multiple opportunities for community engagement.

The centre was located a few kilometres from a town in Co.Sligo, providing residents with their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, conservatory and access to a large garden and outdoor area. The centre was spacious, comfortable and provided residents with a homely environment to live in. Photographs taken of residents at various activities and trips away were prominently displayed throughout the centre and residents' bedrooms were personalised to their own taste. Residents were consulted each week regarding the activities they wanted included as part of the centre's weekly activity schedule. Adequate staffing and transport arrangements were in place, which ensured that residents had multiple opportunities to access the local area and participate in activities of their choice. Overall, the inspector found that the arrangements put in place by the provider allowed these residents to have very active and meaningful lifestyles.

Residents' needs were assessed for on a regular basis and the provider had ensured suitable arrangements and supports were available to maximise residents' personal development. Where residents had assessed health care needs, the provider was responsive to these needs and had arrangements in place to ensure positive outcomes for these residents. For example, following assessment of one resident's manual handling needs, the provider had put additional supervision and staffing arrangements in place to ensure this resident's safety when mobilising. Although for the most part, the inspector found residents' needs to be well-documented, the inspector did observe gaps where personal plans relating to some residents' specific care needs were not in place, for example, residents with neurological care needs.

The provider had effective systems in place for the identification and response to risk, which resulted in positive outcomes for residents. For example, following the identification of increased incidents of self-injurious behaviour at the centre, the provider ensured that a review of the existing measures in place to support this resident was carried out. This resulted in new interventions being identified and implemented to support this resident and the effectiveness of these interventions was subject to on-going monitoring at the time of this inspection. A further positive response to risk was also observed with regards to the management of staffing levels at the centre, where the provider had identified and effectively implemented specific measures required to ensure residents were not adversely affected by a temporary change to the centre's staffing arrangement. However, some improvement was required to the assessment and on-going monitoring of risk to

ensure clear hazard identification, consideration of the specific control measures implemented by the provider in response to the risk and accuracy in rating of the identified risk. Similarly, where restrictive practices were used at the centre, the provider had not ensured that these were at all times supported by a risk assessment and managed in accordance with the centre's restrictive practice policy.

Regular oversight and monitoring of the centre's fire safety precautions was reviewed by the provider on a regular basis, ensuring adequate fire detection, fire containment, up-to-date staff training in fire safety and suitable evacuation and fire-fighting equipment. Fire drills were occurring on a regular basis, which demonstrated that staff could support residents to evacuate the centre in a timely manner. However, although there was a fire procedure for the centre, it did not consider the evacuation of residents residing in upstairs accommodation, should the downstairs fire exits become inaccessible. Furthermore, the current storage arrangements for emergency medicines, did not ensure this medicine would at all times be accessible to staff in the event of a fire at the centre.

Regulation 13: General welfare and development

The provider had adequate staffing and transport arrangements in place to ensure residents had regular opportunities for community engagement and to take part in activities of their choice.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be clean, well-maintained and spacious. Residents had their own bedroom, en-suite and shared bathroom arrangements, sitting room, conservatory and kitchen and dining area. The centre was located on a large site, where residents had access to a spacious garden area.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective systems in place for the identification and response to risk. However, some improvement was required to the assessment and on-going monitoring of risk to ensure clear hazard identification, consideration of the specific control measures implemented by the provider in response to the risk and accuracy

in rating of the identified risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, night-time fire safety checks, detection systems, adequate fire containment measures and up-to-date staff training in fire safety. Regular fire drills were occurring at the centre which demonstrated that residents could be safely evacuated from the centre. However, the displayed fire procedure did not consider the procedure to be followed should the downstairs fire exits become inaccessible to residents residing in upstairs accommodation. Furthermore, the current storage arrangements for emergency medicines did not ensure that staff would at all times have access to this medicine should an evacuation of the centre be required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that residents needs were regularly assessed and reviewed and that clear plans were in place to guide staff on their role in supporting residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that where residents had health care needs that these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals, as and when required. However, some improvement was required to ensure personal plans were at all times in place for residents with specific health care needs, for example, residents with neurological care needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider ensured these residents were subject to regular review and that staff had the knowledge required to support these residents. However, a review of restrictive practices was required to ensure all restrictions were being managed in accordance with the centre's restrictive practice policy.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. Staff had access to procedures to support them in the identification, response and on-going monitoring of any concerns regarding the safety and welfare of residents. All staff had received up-to-date training in safeguarding.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Drumiskabole Lodge OSV-0002602

Inspection ID: MON-0023883

Date of inspection: 23/10/2019

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The PIC will liaise with the family representative regarding the written contract for services to ensure a signed copy is available within the centre The PIC will also liaise with the independent advocacy service for advice and guidance regarding capacity of understanding of that contract.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will review all risks and risk management within the Designated centre. Each specific risk to be clearly identified and documented correctly. After consideration of control measures, PIC will ensure each control measure in place is documented. Risk rating will then be accurately identified based on all control measures in place. All individual risk assessments will be in place and reviewed 3 monthly or sooner if required.</p>	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: PIC will review Fire precautions within the designated centre with all staff. The Centre emergency evacuation procedure redrafted following review. This will include procedures to be followed if residents /staff unable to access fire exits downstairs and also specify storage of emergency medication. Emergency medication will be re-located to an outside area within the grounds and accessible to staff. Fire drills will be carried out to highlight these potential risks and procedures. PEEP plans updated to reflect any changes from fire precautions review.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All specific health care needs for residents within the centre have been reviewed by PIC. Any gaps identified have been documented and appropriate paperwork completed. This includes more in depth documentation for residents with neurological care needs. This will accurately inform any new staff of procedures or potential risks. Care plan audit will be used to monitor this.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All restrictive practices within the designated centre to be reviewed by PIC. The least restrictive practice will be implemented and any restrictions monitored and recorded. Restrictive practice policy to be strictly adhered to and all restrictive practices to be risk assessed as per policy and reviewed within appropriate timeframes. Restrictive practice log to be documented if required.</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
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	15/01/2020
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	29/11/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the	Substantially Compliant	Yellow	15/11/2019

	event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	13/11/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/11/2019