Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Nephin Lodge Services
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2020
Centre ID:	OSV-0002614
Fieldwork ID:	MON-0028898

About the designated centre

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

This centre is managed by the Health Service Executive (HSE) and comprises of two community houses in a small village in Co Sligo. It provides residential care to 13 adults with high support needs who have an intellectual disability. Residents receive support with their social, physical, and mental health needs. Many of the residents have mobility difficulties and require the use of wheelchairs, or mobility aids. One house accommodates ten residents, which is divided into two units and joined in the middle by a foyer. Each unit has a kitchen, dining room, sitting room, utility room, two bathrooms and five bedrooms. Residents also have access to a shared garden space both to the front and rear of the centre. There is also an office room in one of the areas which staff uses to coordinate the running of the centre. The second bungalow is located a short distance away and accommodates three residents. They each have their own bedroom and the house is wheelchair accessible. Residents are supported by nursing and care staff in line with their assessed needs over 24 hours. Wheelchair accessible transport is provided which facilitates residents freedom to access their local community. Some residents use public transport to attend their day service and to visit family members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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
Tuesday 9 June 2020	10:50hrs to 16:25hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector got the opportunity to meet with three residents during the inspection while maintaining social distancing in line with public health advice. Two residents spoke individually to the inspector about their lives and experiences while living in the centre. Residents told the inspector that they were happy living in the centre and were well supported by staff. One resident spoke about missing her family visits during the COVID-19 public health restrictions, and she said that she was keeping in contact with family members by use of technology which allowed her to see them. She stated that she enjoyed helping out doing household chores in the centre and that she has been doing some online shopping with staff support during the COVID-19 restrictions. Another resident spoke about how she enjoys reading the local newspaper to keep up-to-date with local news, and said that she gets this newspaper every week. She also spoke about her family and the contact she has had with a relative during the COVID-19 pandemic. Residents stated that they felt safe in the centre and said they would go to staff or the person in charge if they were not happy with something. Another resident who the inspector met was relaxing in their bedroom watching a television programme and greeted the inspector briefly.

In addition, the inspector got the opportunity to meet with two staff who were working on the day of inspection. Staff were knowledgeable about residents' individual health and social care needs and said that they felt assured that residents were safe during the COVID-19 pandemic, and that they appeared to be enjoying the time at home during this time of COVID-19 restrictions.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last inspection in June 2019, and to follow up on actions that were required to bring the centre into compliance with the regulations.

While the inspector found that there were some improvements in the governance and management of the centre since the last inspection, further improvements were needed to ensure that the safety and quality of care of residents was maintained at all times, and to ensure compliance with the regulations. Improvements were required in the oversight arrangements by the management team in the areas of risk management, protection against infection, complaints, fire precautions, and notifications to the Chief Inspector of Social Services. These will be discussed in more detail throughout the report.

The inspector found that the oversight arrangements by the person in charge and

management team required strengthening to ensure that the centre was effectively and consistently monitored at all times. The management systems in place required further improvements to ensure that the auditing systems were effective, so that actions to improve the service were appropriately identified and that regulations were adhered to. For example, the local auditing system for incidents maintained by the person in charge was not effective in ensuring that the regulatory requirements to submit three day notifications to the Chief Inspector of Social Services was completed. In addition, the most recent complaint in the centre was not followed up in line with procedure and there was no evidence that the complainant had been contacted and what the outcome was.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. The most recent annual review did not include consultation with residents and their families. This had been highlighted by the provider during a visit in October 2019, and the person in charge told the inspector that this would be completed for this year's annual review by use of questionnaires. A quality improvement plan (QIP) with identified actions and associated time frames was maintained by the person in charge and submitted to senior managers for review on a weekly basis. The QIP was based on findings from HIQA inspections, provider-led audits, risk assessments, senior management evaluation and person in charge self-assessment and audits. However, this improvement plan did not identify possible risks to residents in relation to fire evacuation. For example, in one location of the centre the fire evacuation procedure did not clearly identify the strategy on how to evacuate all ten residents from this location. Furthermore, there was no evidence that a fire drill that had taken over 12 minutes to evacuate the ten residents had been reviewed, so that learning could be taken to review if evacuation procedures could be more efficient.

The staffing levels in the centre had improved since the last inspection with an additional hour allocated at night time to meet the needs of residents. On the day of inspection it was found that the centre was adequately resourced with a skill-mix of nursing and care staff. A review of the roster indicated that residents were supported by regular staff to ensure continuity of care. Staff who the inspector spoke with stated that they felt that the centre was adequately resourced to meet the needs of residents.

There was a complaints process in place which included who the complaints person was and how to make an appeal. Residents spoken with stated who they would speak to if they were unhappy about something while living at the centre. A log of complaints received was maintained by the person in charge, and on review the inspector found that not all complaints were followed up in line with the organisational policy and procedures.

Regulation 15: Staffing

The centre was found to be resourced with a suitable skill-mix of staff for the number and needs of residents on the day of inspection. A planned and actual roster was maintained which showed that continuity of care was provided to residents by staff who were familiar to them.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place required improvements to ensure that the centre was consistently and effectively monitored at all times. The annual review of the quality and safety of care and support of residents in the designated centre did not provide for consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that all three day notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The procedure with regard to following up with complainants to resolve complaints was not consistently followed in line with the organisation's policy and procedure.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents had a good quality of life and that their health, social and personal care needs were met. Residents spoken with said that they were happy living in the centre and with staff who supported them. Staff spoken with were knowledgeable about individual resident's likes, preferences,

social and health care needs.

At the time of inspection residents were adhering to the public health guidelines for COVID-19, and were supported to maintain contact with families and friends by use of technology and telephone calls. Residents reported that they felt safe in the centre and were observed to be relaxed and comfortable in their environment and with staff.

Residents were supported to develop the awareness and skills to self-protect by use of an easy-to-read guide and discussion at residents' meetings. Safeguarding concerns were followed up in line with safeguarding procedures and plans to protect residents were put in place, where required. Residents who required support with behaviours of concern had comprehensive plans in place which were kept under review by the person in charge and members of the multidisciplinary team. A sample of restrictive practices records was reviewed by the inspector and there was evidence that these were reviewed regularly to assess if they were least restrictive and for the shortest duration.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained by the person in charge. This included specific risks associated with an outbreak of COVID-19. However, the inspector found that the documentation of some risks required review and updating to ensure that they were specific to the centre, and had the appropriate ratings applied in line with the organisation's policy and procedure.

The provider had good systems in place for infection prevention and control; including hand gel dispensers, use of PPE, staff training and discussion with residents about COVID-19. There was a folder in place with up-to-date information about COVID-19 and the inspector observed appropriate practices in place in the centre. There was evidence of ongoing reviews of the risks associated with COVID-19. The person in charge had completed a self-assessment for the preparedness of an outbreak of COVID-19. However, while the person in charge had agreed that he had considered the cohorting of residents in the event of an outbreak, he confirmed that the contingency plan did not contain specific arrangements for the cohorting of residents in zones in the event of an outbreak. The person in charge stated he would update the plan to reflect this.

The provider had carried out works on the premises as identified in the compliance plan arising from the inspection in June 2019. This included the installation of ramps at emergency exits, handrails and measures to ensure access to the assembly point from the back of the house. Residents had personal emergency evacuation plans in place which included details about the staffing support required both during the day and at night in the event of a fire. Fire drills were carried out including fire drills with the minimum staffing levels and maximum number of residents. However, on review of the fire drills it was found that the most recent fire drill with minimum staffing and maximum residents that occurred five months previous had taken over 12 minutes to evacuate. While the person in charge explained that this fire drill was a full evacuation of the centre to the assembly point, there was no evidence that this was reviewed to ensure a more efficient evacuation could take place which might

include possible safe zones. In addition, the centre's emergency evacuation plan was not clear on what the evacuation strategy was to evacuate ten residents who lived at one location of the centre, some of whom were assessed as requiring 2:1 staff support at night time when two staff were on duty.

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place which included all the requirements of the regulations. A risk register was maintained for each location of the centre; however the inspector found that the documentation required review to ensure risks were reviewed as required and that risks identified and ratings applied were specific to each location of the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were good infection prevention and control practices in place in the centre, and risks of infection had been assessed. A self-assessment preparedness plan in the event of an outbreak of COVID-19 had been completed by the person in charge. However, the contingency plan in the event of an outbreak did not identify the specific arrangements for zoning or cohorting of residents, and what the staffing arrangements for zones in the event of an outbreak would be.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found the that the centre's emergency evacuation plan required review. For example, while the plan detailed that a number of residents required 2:1 support at night-time, it did not clearly outline what the strategy and procedure was to support residents under different scenarios and if a safe zone was identified for phased evacuation. In addition, there was no evidence that a fire drill that had been undertaken with minimum staffing levels and maximum residents in January 2020 had been reviewed in order to ensure a more efficient evacuation procedure.

Judgment: Not compliant

Regulation 6: Health care

A sample of residents health care plans was reviewed and demonstrated that residents' healthcare needs were under ongoing review, and that residents had access to allied healthcare professionals where this was recommended and required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had comprehensive plans in place which outlined triggers to behaviour and proactive and reactive strategies to support residents. A record of restrictive practices was maintained by the person in charge and there was evidence that restrictive practices were under regular review.

Judgment: Compliant

Regulation 8: Protection

Residents were supported to understand how to self-protect by discussion at resident meetings and use of an easy-to-read guide. Where safeguarding concerns arose, these were followed up in line with the safeguarding procedure. Intimate care plans were in place for residents and a sample reviewed demonstrated that these plans were reviewed regularly and resident's independence in this area was promoted.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nephin Lodge Services OSV-0002614

Inspection ID: MON-0028898

Date of inspection: 09/06/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The provider will ensure that the Annual Review of the Quality and Safety of Care and Support will include the evidence of consultation with residents and their representatives. To enhance governance and management the provider will ensure that the centre is monitored on a weekly basis via submission of the QIP to the Provider, Regional Director, CHO1 General Manager Office. NIMS and Safeguarding will be monitored and reviewed by the Director Of Nursing and Assistant Director of Nursing. A schedule of weekly visits has been devised by the Provider and these visits will be carried out by the DON and/or A/DON.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure that all three day notifications will be submitted to the Chief Inspector within the timeframe. The PIC now has an audit process in place to alert for notifiable incidents through the monthly incident review. Under this review each incident will audited to ensure the correct procedures are followed to ensure compliance with the regulations. The ADON and DON have oversight of all notifications through the HIQA portal and they also have oversight of all incidents within the center. Reports are also submitted, with actions and recommendations to the DON and A/DON subsequent to the Incident Review Group meeting, held on a monthly basis.	

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The PIC will ensure that all complaints are investigated promptly by following the HSE policies/procedures.

The procedure for complaints is also on the standing agenda for monthly staff meetings, all designated centre complaints will be discussed at this platform.

Complaints audits are carried out by the PIC on a monthly basis.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
PIC will ensure that the Risk Register in both houses will be reviewed to ensure they are site specific and relevant to the specific risks pertinent to that area.

Risk training will be delivered to staff members in both houses.

Risk registers will be audited by DON and ADON on a monthly basis.

PIC will be responsible for ensuring that Risk Assessments are updated and re-rated subsequent to an increase or decrease in line with identified risk factors.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Contingency Plan used in the event of an outbreak within the center has been reviewed and updated.

The contingency plan now contains specific arrangements for the cohort of residents in zones in the event of an outbreak.

This also includes information that staff will be delegated to these areas for the duration of their time on duty .

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The PIC has reviewed the centre emergency evacuation plan. The plan clearly outlines the strategy and procedure to support residents under different scenarios. The plan also includes zones for phased evacuation and identifies the individuals to evacuate in the first instance.

The PIC has also carried out further fire drills with maximum complement of residents and minimal staffing, successfully completed within the recommended time-frame.

A schedule of fire drills has been agreed and is available on site and the PIC will ensure compliance with this schedule.

The PIC will ensure that fire safety is a standing agenda at the monthly staff meetings and actions arising from the fire drills are discussed and shared amongst the team.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	05/07/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	05/07/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	12/07/2020

	management and ongoing review of risk, including a system for responding to emergencies.			
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 infections published by the Authority.	Substantially Compliant	Yellow	26/06/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	26/06/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or	Not Compliant	Orange	26/06/2020

	confirmed, of abuse of any resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	03/07/2020