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White Lodge Accommodation Service, OSV-0005591, 07 September 2021

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

Issued by the Chief Inspector

Name of designated centre:	White Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	07 September 2021
Centre ID:	OSV-0005591
Fieldwork ID:	MON-0029871

About the designated centre

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

White Lodge Accommodation Service is a detached bungalow located on a main road within a short driving distance to a nearby town. It provides a full-time residential service for up to four male residents, between the ages of 22 and 68 with intellectual disabilities, autism and mental health needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 7 September 2021	09:45hrs to 18:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

A pleasant and calm atmosphere was observed throughout this inspection with staff interacting with residents in an appropriate manner. The premises provided was nicely presented overall but some works were outstanding relating to the rear garden area.

At the time of this inspection four residents were living in this designated centre, all of whom were met by the inspector. Shortly after arriving the inspector met one resident who did not engage with the inspector but appeared comfortable in the presence of staff who engaged respectfully with the resident. A second resident was also met soon after. Again this resident did not meaningful engage with the inspector but the inspector was told that this resident would soon be going to visit a family member. The resident smiled when this was mentioned. Shortly after the first two residents met by the inspector left the centre with staff in the centre's vehicle.

A third resident was also met by the inspector while in the presence of the person in the charge. This resident greeted the inspector, told the inspector where they were from and talked about previous places where they had lived. The resident engaged pleasantly with the person in charge and talked about getting the local newspaper and visiting a friend in a nursing home later in the day. This resident was then asked by a staff member if they wanted to help make some jelly. The resident agreed to this and got some jelly from a kitchen press to assist in the process.

Shortly after this the resident brought the inspector and the person in charge to show them their bedroom. It was seen that this bedroom was nicely presented, well maintained and personalised with plenty of storage available for the resident to store their personal belongings. A Guinness poster was displayed on their bedroom and the resident talked about going to visit the Guinness Storehouse in Dublin previously. The resident said they wanted to go again but might wait until a particular staff member returned from leave. The person in charge informed the resident that they could go before then if they wanted.

Later on during the inspection day, the first two residents met by the inspector returned and after this the third resident left the centre to visit their friend in a nursing home. Upon their return the resident told the inspector that they had visited their friend and had given them a card. At this time, the resident was sat in the sitting room watching television with a staff member and appeared very comfortable and relaxed in their presence. The staff member informed the inspector that this resident would help when making meals, doing laundry or going shopping for the house.

Towards the end of the inspection, the inspector met the fourth resident who had spent the majority of the inspection in their bedroom. This resident indicated to the inspector that they liked living in the centre and that the staff supporting them were good to them but did not like the fire alarm nor the fire doors present in the centre. During this conversation the resident was in their bedroom and told the inspector

they liked their bedroom and had chosen the paint colours on the walls. When asked what they liked to do while in the centre, the resident said arts, listening to music and going for drives. The resident also indicated they got on with some of the other residents living in the centre but not all of them.

The resident was later seen to join other residents in the kitchen for a meal. Some residents had pizza and when asked by the inspector if they enjoyed it, one of the residents smiled. As the inspector was preparing to leave the designated all residents had gone to their bedrooms. During the inspection it was observed that a calm and pleasant atmosphere was present with staff members interacting with residents in a pleasant, warm and respectful manner throughout. For example, as one member of staff was finishing their shift they said goodbye to one of residents who responded positively to this.

In addition to meeting residents and staff along with observing their interactions during this inspection, the inspector also reviewed documentation relating to the centre overall and individual residents. For example, the inspector read one family and one resident survey that had been completed, both of which gave positive views on areas such as staffing and supports. A record of a compliment from a resident's family member was also read where they praised the support given to the resident in developing their communication.

Other records reviewed included notes of residents' meetings that took place in the centre on a monthly basis. Such meetings were facilitated by staff and were used to give residents information on issues such as complaints, safeguarding and advocacy. Residents were also informed of certain news events. For example, an easy-to-read document had been prepared for residents to let them know about fires that had happened in a nearby National Park which residents visited regularly.

These residents' meetings also allowed residents to express their choice. For example, residents were allowed to select certain photos of them that were to be developed and put on display throughout the centre. Residents made their choice around these and it was seen the photos they chose were present throughout the centre. This contributed to a very homelike feel to the centre which was generally seen to be well presented and clean on the day of inspection.

To the front of the designated centre was space for parking and a garden area. This garden area was seen to be well maintained with plenty of plants and colourful flowers growing while some garden furniture was also available for residents to sit out on if they wished. To the rear of the designated centre was a smaller enclosed garden area. The previous HIQA inspection of this centre in December 2019 had found that external works to this area were needed to ensure that it was accessible and of use to residents. Since then the maintenance of grass in this area had improved although the inspector was informed that further works were still required to flatten an adjacent embankment and to install additional fencing.

In summary, some additional works were required to the rear garden area but overall the designated centre was found to be very homely. Staff members engaged pleasantly and respectfully with residents who were given an opportunity to make

choices while living in the designated centre. Support was also being given to residents to maintain contact with their family and friends.

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

Capacity and capability

Overall a good level of compliance was found during this inspection and there was evidence of strong monitoring systems in place. It was noted that some improvement was required regarding the content of the annual review

The designated centre had last been inspected in December 2019 where an overall good level of compliance was found. Shortly after that inspection, the provider entity changed and following receipt of an appropriate registration application to reflect this, the centre was re-registered until June 2023 with no restrictive conditions to provide a home for a maximum of four residents. Given the length of time since the previous inspection, the purpose of the current inspection was to assess the levels of compliance with the regulations since December 2019.

Since the December 2019 inspection there had been a change of person in charge with the person in charge having the necessary skills, experience and qualifications to perform the role. At the time of this inspection, the person in charge was responsible for a total of three designated centres although it was intended for their remit to reduce to two centres in the months following this inspection. It was not found though that their current remit was having a negative impact on the running of the current centre and it was noted that the person in charge, who was supported by a team leader, was present in the centre in regularly, carried out their own audits of the centre on a regular basis and during this inspection demonstrated a good understanding of the residents and the operations of the centre.

The person in charge also oversaw the staff team that was in place in the designated centre to support residents. Under the regulations staffing must be in accordance with the staffing arrangements outlined in the centre's statement of purpose. During this inspection it was seen that the current staffing levels were slightly below what the statement of purpose provided for but it was acknowledged that the provider was making active efforts to address this. It was also seen that throughout this inspection, staff members present engaged appropriately and respectfully with residents. From the staff rosters that were being maintained in the centre, it was noted that there was a core staff team in place to support residents which promoted a consistency of care and familiarity with the residents.

Staffing was one of the areas which the provider's monitoring systems focused on. Such systems included weekly and monthly audits along with regulatory

requirements such as provider audits that were conducted every 6 months and annual reviews. The inspector reviewed a sample of these and noted that they largely reflected the service that was found during this inspection. It was also seen that the provider's most recent annual review provided for consultation with residents and families while focusing primarily on the provider's compliance levels with the regulations. It was noted though that the annual review did not sufficiently assess if the care and support provided was in accordance with relevant national standards as required by the regulations.

Regulation 14: Persons in charge

A suitable person in charge was in place. They were responsible for three designated centres at the time of this inspection but this remit was not found to negatively impact the current centre.

Judgment: Compliant

Regulation 15: Staffing

Staff rosters were being maintained in the designated centre which indicated that there was a core staff team in place to support residents. The staffing arrangements provided were not in keeping with the statement of purpose at the time of this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

A good level of compliance was found during this inspection and there was evidence of strong monitoring systems in place including weekly and monthly audits. It was noted that some improvement was required regarding the content of the annual review to ensure that it sufficiently assessed if the care and support provided was in accordance with relevant national standards.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had contracts of care in place which outlined the services provided and included details of the fees to be paid. The inspector reviewed a sample of these contracts and it was seen that they had been signed while it was also noted that some of the fees residents were paying had reduced since the previous inspection.

Judgment: Compliant

Quality and safety

Residents were found to be well supported during this inspection with appropriate guidance on supporting residents' needs available in their individual personal plans. Some improvement was required regarding aspects of fire safety.

As required by the regulations residents had individual personal plans provided for. Such plans should reflect the needs of residents and provide guidance for staff in supporting these needs. The inspector reviewed a sample of these plans and noted that residents were involved in the development of these plans through a person-centred process. For example, it was seen that one resident had a meeting around their personal plan which involved staff and their family with notes of this meeting indicating that the resident took an active part in the running of the meeting.

From the sample of personal plans reviewed it was also seen that they provided a good level of information around how residents' assessed needs were to be supported. For example, residents with particular health needs had specific plans in place outlining how residents were to be supported in such areas with residents also facilitated to access various health and social care professionals as required. Residents were also being supported with their medicines where necessary with appropriate documentation and storage facilities available in the centre. Residents were being encouraged to take their own medicines following appropriate assessments.

It was also seen how residents had been supported to take part in a fire safety project where each of the four residents living in the centre examined a particular area such as using fire extinguishers. This fire project was sent about other designated centres run by the provider and was also featured in a newsletter. During this inspection it was seen that appropriate fire safety systems were in place in this designated centre including a fire alarm, emergency lighting, fire blankets, fire extinguishers and fire doors. Such systems were being serviced by external contractors at regular intervals to ensure that they were in proper working order. Since the previous inspection, fire drills had been carried out regularly with some reflecting times when minimum staffing levels would be on duty.

However, in drills carried out in 2020 and 2021 it was noted from records reviewed that there was variance in the evacuation times recorded. The drill records also indicated that some residents were in communal areas at the time these drills commenced and a drill had not been carried out to reflect times when residents

might be in their bedroom at night. Residents did have personal emergency evacuation plans (PEEPs) which had been reviewed in March 2021 and outlined the supports they needed to evacuate. It was seen that one such PEEP outlined an evacuation route for a resident that was not present in the centre. In addition, when speaking with a staff member it was noted that they outlined a different means of support for some residents at night then was outlined in their PEEPs.

Regulation 12: Personal possessions

Appropriate facilities were provided for residents to store their personal belongings and lists of residents personal possessions were also maintained. Residents could take part in laundering their own clothes if they wished. Systems were also in place to support residents with their personal finances.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

Overall the premises provided was seen to be homely and well maintained although some works were still outstanding relating to the rear garden.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control practices were being followed. For example, personal protective equipment was in use, staff were seen to carry out cleaning within the centre and relevant guidance was also available.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place in the centre but it was noted that one PEEP outlined an evacuation route for a resident that was not present in the centre while a staff member outlined a different means of support for some residents at night then was outlined in their PEEPs. Given the variance noted in evacuation times on fire drills, a drill had not been carried out to reflect times when residents might be in their bedroom at night.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were supported with their medicines with appropriate documentation and storage facilities available in the centre. Assessments were also carried out to determine if residents could self-administer their own medicines with residents being encouraged to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which reflected their needs. As part of the personal planning process each resident had a keyworker assigned to them to help them with their plans while a person-centred planning process was also followed.

Judgment: Compliant

Regulation 6: Health care

Guidance was available to support residents with their health needs while hospital passports were also in place. Residents were facilitated to access to various health and social care professionals such as general practitioners, dentists, opticians and chiropodists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where necessary residents had positive behaviour support plans in place while the centre also had support from a behavioural therapist. Residents were engaged in more positive behaviour based on incident records reviewed which indicated a clear decrease in incidents occurring in the centre in 2021 compared to 2020.

Judgment: Compliant

Regulation 8: Protection

No current safeguarding concerns were identified during this inspection and it was seen that where any concerns did arise the appropriate bodies were notified with safeguarding plans put in place where necessary. A recent safeguarding meeting had taken place in the centre which considered the compatibility of residents living centre and raised no concerns in this area.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully throughout this inspection and there was evidence that residents were given an opportunity to express their choice.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 White Lodge Accommodation Service OSV-0005591

Inspection ID: MON-0029871

Date of inspection: 07/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • There is a vacancy for relief staff in the Centre. This vacancy was interviewed for on 7/9/2021 but a successful candidate was not appointed. The vacancy will be advertised again and interviews will be held to fill the position. This position should be filled by 31/11/2021. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Annual Review was completed by Integrated Services Manager (PPIM) on 9/09/2021, covering period from August 2020 to August 2021. The ISM reviewed the quality and safety of care and support in the Centre. The review referenced regulations but also referenced that the supports in the Centre were in accordance with standards. Reference is made to goals for the service and for the residents. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• Architect was on site in the service on 24/9/2021 to inspect the work that is required to the back garden. This was to ensure there were no changes since last property inspection. The works will be completed by 20/12/2021 and this will ensure the embankment at back of the house secure.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• PEEPs for one resident updated to reflect appropriate evacuation routes for the individual. All staff have reviewed all PEEPs and evacuation procedures so that procedures are consistent and familiar to all staff. This was completed by 16/09/2021.

• Fire Drill to be done before 31/10/2021 simulating requirements at night time and different needs that may occur for residents at that time. PEEP to be updated with outcome from these drills.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	20/12/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and	Substantially Compliant	Yellow	09/09/2021

	support in the designated centre and that such care and support is in accordance with standards.			
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.	Substantially Compliant	Yellow	16/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2021