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Manderely Lodge, OSV-0002445, 24 October 2022

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

Issued by the Chief Inspector

Name of designated centre:	Manderely Lodge
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0002445
Fieldwork ID:	MON-0037089

About the designated centre

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

This designated centre provides 24 hour care and currently accommodates up to 5 female adults from 18 years upwards, with an intellectual disability. The house is a two storey detached house. On the ground floor there is an entrance hallway, a main kitchen cum dining room, a sitting room, a utility room and one double bedroom with an en suite. On the first floor there are four bedrooms one with a shower facility. There is also a main bathroom and a hot press. The external of the premises is fully accessible for residents and parking is available to the front and side of the premises. The house is located on the edge of a large town in Co. Cavan within walking distance to all local amenities. The centre employs seven full-time care assistants and a CMNII (person in charge) on a part-time basis (shared responsibility for another centre). During the day there are two staff on duty and at night one waking staff. On-call support service is also provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 24 October 2022	08:50hrs to 16:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From talking with residents, meeting with staff, observing interactions with residents and staff, and from reviewing a range of documentation, the inspector found residents were receiving a good standard of care and support. There was an emphasis on ensuring residents had meaningful days, while also respecting residents' individual choices.

The inspector met with all five residents who lived in the centre, and they talked about some of the activities they liked to do and upcoming events. The inspector also met with three staff members and the director of nursing, who told the inspector about the services and supports provided to residents in the centre, and about the improvements which had been made in the centre in the last few months.

The centre consisted of a five bedroom, two storey house, and was located on the outskirts of a large town. One bedroom, with ensuite was on the ground floor, and four bedrooms, one with ensuite, were located on the first floor along with a bathroom. There was a kitchen dining room and a sittingroom on the ground floor, as well as a large utility room which was also used for some administration work. Residents used the back garden, particularly during the summer months for gardening.

A staff member showed the inspector around the centre, which was clean and well maintained overall. Each of the residents had their own bedroom, which were tastefully decorated, and had personal items displayed, such as photos of their families.

Residents appeared very happy, one resident told the inspector they liked living in the centre, they liked all their friends living there, and they could talk to staff if they had any worries. There was a relaxed and homely atmosphere in the centre, and residents were seen to enjoy chatting with staff, and spending time with each other watching television.

Staff were observed to be very respectful when talking with residents, and helped residents with their requests, for example, getting coffee for a resident, helping residents get ready for the day, and talking about some upcoming community activities. One of the residents spoke about a concert they were going to the following week, and said they were really looking forward to going along with their family.

Residents enjoyed a range of community activities, for example, a resident spoke about a knitting club they and their peer go to, and said they really enjoy meeting and chatting to other people from the local community. Another resident with the support of staff, said they continued to work in a supermarket every second weekend, and had recently started personal training sessions. Some residents preferred a quieter pace of life, and liked going out for coffee, a meal out, or a

drive, and the inspector saw they were supported with these choices on the day of inspection.

The residents' choices and needs formed the basis of the day to day organisation of the centre. For example, three residents went to day services, and the other two residents were supported by staff with their choice of community activities. If a resident needed to attend an appointment, there were enough staff on duty to support the resident, and to ensure other residents could do their planned activities.

Residents had said they wanted to go on holidays and had recently gone on an overnight stay to a hotel. Residents had also said they wanted to cut back on the time and frequency of their own meetings, and they now met once a month, with a maximum of four items discussed.

Residents were supported to keep in contact with their families. Some residents visited families for breaks, and one of the residents spoke about how they had really enjoyed a recent break at home. Family members had provided positive feedback on the care residents received in the centre, as part of the annual review process. Families commented their loved ones were happy living in the centre, that they had been kept up-to-date on their relatives wellbeing, and they knew who to talk to if they had any concerns.

Overall the inspector found residents had a good quality of life, and were positively supported with their choices, and with their individual needs. 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 positively impacted on the quality and safety of the service being delivered.

Capacity and capability

This inspection was carried as a follow up to an inspection in April 2022, during which risks relating to staffing and infection prevention and control (IPC) had been identified. Following the previous inspection, the provider was issued with an urgent action and attended a cautionary meeting with the Health Information and Quality Authority (HIQA). In response, the provider outlined in their compliance plan, the actions they were taking to bring the centre into compliance. This inspection therefore reviewed the progress of these actions, and found high levels of compliance in the 10 regulations inspected against.

The inspector found there were appropriate management systems in place to ensure the service provided was safe, effective and was monitored on an ongoing basis. The provider had implemented all of the actions from the previous compliance plan. The centre was adequately resourced in terms of staffing, the provision of staff training, and suitable facilities.

There were sufficient staff in the centre, and the provider had employed an

additional social care worker. The roster was reviewed and planned to ensure staff had the necessary skills and knowledge to meet the needs of the residents.

Staff had been provided with a range of mandatory and additional training, which meant they had the necessary knowledge and skills to support residents in the centre.

Regulation 15: Staffing

Improvements had been made in the skill mix and knowledge base of staff in the centre. Since the last inspection the provider had employed a full time social care worker, who was responsible for the day to day supervision of care and support. The social care worker worked full-time Monday to Friday, and once a month at the weekend. The inspector found the social care worker was knowledgeable on the needs of the residents, for example their healthcare and social care needs, and described the supports residents required to meet these needs.

The staffing skill mix had been reviewed in the centre, and the director of nursing provided documentary evidence of weekly reviews of staffing needs with the person in charge. The provider had also provided a range of enhanced training for staff, which meant they were provided with the necessary knowledge to care for residents. The inspector spoke with two staff members who described a range of healthcare supports in place for residents, and also the actions they would take if a resident became unwell.

The inspector reviewed a sample of rosters for three months, and found consistent staff had been provided, and the numbers employed were reflective of the statement of purpose. The director of nursing outlined there was currently one healthcare assistant vacancy and this was filled by two regular agency staff. The person in charge had ensured where agency staff were on duty, they were rostered to work alongside permanent staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training. For example, all staff had up-to-date training in safeguarding, and fire safety, and most staff had up-to-date training in managing behaviours that is challenging. One staff was scheduled to complete this training in the coming weeks. The provider had also provided training in respiratory care, cardiovascular conditions, falls reduction, and gastrointestinal issues, specific to the needs of the residents in the centre.

All staff had up to-date training in infection prevention and control, for example,

environmental hygiene, hand hygiene, standard and transmission based precautions, and donning and doffing personal protective equipment. The person in charge had also attended IPC self assessment training.

Since the last inspection, the provider had reviewed the induction programme for new staff in the centre, and an enhanced programme was now provided over a three day period, which included more detailed information on the needs of residents. The inspector spoke with one staff member who had recently commenced in their post, and found they were knowledgeable on the individual needs and support requirements of residents living in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured the service provided was suitably resourced, was safe and effective, and was monitored on an ongoing basis. The provider had responded to staffing and IPC risks identified on the previous inspection and had implemented all of the necessary changes to bring the centre into compliance with the regulations. High levels of compliance were found on this inspection, reflective of a service that was providing a good standard of care and support and was responding to emerging risks as they presented.

There was a clearly defined management system in place. Staff reported to the person in charge, and in their absence a social care worker provided supervision and support. The person in charge reported to the assistant director of nursing and director of nursing, who reported to the regional service manager. The person in charge was on duty in the centre five days a week, and attended the centre Monday to Friday 9.00 to 13.00hrs, and was supported in their role by the social care worker.

As mentioned the provider had reviewed the staffing numbers and skill mix in the centre, and had employed a social care worker, as well as providing specific healthcare training, to ensure staff had the necessary skills and knowledge. They had also purchased additional storage for the centre.

There was ongoing monitoring of the services provided, and where issues were identified in audits, corrective actions were taken. For example, monthly medicine audits had identified the need for dates of opening to be recorded on liquid medicine, and on the commencement of a new medicine record, and these were found to be completed on the day of inspection. Additionally, a six month unannounced visit had been completed in June 2022, and all actions were found to be completed on the day of inspection including, reviewing and updating a resident's personal plan, and completing audits on health and safety and complaints management. The provider had outlined in their compliance plan, their intention to have scheduled and unscheduled visits to the centre, and these had been

completed.

The person in charge maintained a quality improvement plan, and all actions from completed audits and reviews, formed part of this plan. This was reviewed by the director of nursing, and the general manager's office on a weekly basis. All actions of the quality improvement plan were either complete, or progressing within the stated time frame. Overall the inspector found the improved management systems meant that risks were being responded to effectively and efficiently and residents were receiving a good standard of care and support.

There were monthly staff meetings in the centre, and the inspector reviewed minutes of the last four meetings. A range of areas were discussed, for example reviewing the COVID-19 contingency plan, staff training needs, home improvements and safeguarding. The person in charge had also provided information on changes in practice or new developments, for example, a change in the allocation of cleaning duties, responsibilities of keyworkers, and the use of spill kits. Residents needs were also discussed at each meeting.

The inspector spoke with three staff members over the course of the inspection, who said they had good support from the person in charge and the management team, and could raise concerns about the quality and safety of care and support should the need arise.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been recently updated to reflect a change in the staff numbers, and the addition of a social care worker was included in the statement of purpose.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, which reflected their individual needs, and was planned around the preferences of residents. Significant improvements had been made in the infection prevention and control practices in the centre. The rights of residents to chose how they wished to live their lives was respected, and staff ensured that the privacy and dignity of residents was upheld.

Suitable arrangements were in place for infection prevention and control (IPC), and

staff were knowledgeable on the specific support to manage the risk of a healthcare acquired infection. Since the last inspection the provider had put a range of measures in place to mitigate the IPC risks which had been identified, including the provision of additional storage, suitable food storage and hand hygiene facilities, and ensuring the environment was hygienically maintained. The premises was laid out to meet the needs of the residents, and all actions from the last inspection were complete.

Satisfactory arrangements were in place for the management of risks, and the reporting and review of adverse incidents in the centre. The control measures outlined in risk management plans were implemented in practice.

Residents were provided with timely and appropriate healthcare, and staff were knowledgeable on the health care needs and supports of residents. Residents could access a range of healthcare professionals as the need arose, and were supported during periods of ill-health.

The rights of residents were upheld in the centre, and residents chose the activities they wanted to do on a day to day basis. Residents were kept up-to-date on developments in the centre including healthcare and staffing developments. Residents had their own room, ensuring their privacy and dignity could be respected, particularly when being supported with their personal care.

Regulation 17: Premises

The inspector found the provider had implemented all of the actions from their compliance plan, and the premises was found to be suitable for the needs of the residents, and was well maintained. The inspector was shown around the premises by a staff member. Since the last inspection two toilets had been repaired, and additional storage was provided in the utility room, and in a new external shed. This meant that previously identified hazards had either been removed, or stored appropriately, and the centre appeared uncluttered and well-organised. Residents were provided with assistive equipment, for example individual seating to support mobility needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place for the identification, assessment and management of risks in the centre. Individual risks had been assessed and the controls outlined in risk management plans were implemented in practice. For example, the use of an alert system at night time, supervising residents while ascending the stairs to reduce the risk of falls, and the provision of modified diets where a risks of choking had

been identified. Similarly staff described the safeguarding measures in place to mitigate safeguarding risks. A missing person profile was available for each resident.

The inspector reviewed incidents records since the last inspection, and the person in charge had ensured any required care was provided to residents following adverse incidents. In addition, where a more significant incident had occurred, a post incident review was completed by the person in charge and director of nursing, to assess for any additional measures required. Staff described all of the subsequent measures recommended by medical practitioners, to prevent reoccurrence.

Judgment: Compliant

Regulation 27: Protection against infection

There were significant improvements in infection prevention and control (IPC) practices in the centre since the last inspection in April 2022. The provider implemented a number of measures to mitigate all the IPC risks which had been identified during the previous inspection. The centre was observed to be clean and well maintained, and all handwashing facilities were accessible, fully stocked and hygienically maintained. Mixer taps had been installed on two handwashing sinks, and revised cleaning schedules included daily cleaning, a cleaning schedule for each bedroom and bathroom, and deep cleaning tasks. All cleaning schedules were recorded as complete.

The storage in the centre had been reviewed and additional storage provided for personal protective equipment (PPE) supplies and for documents. This meant that food was now stored appropriately in the kitchen, and all food storage facilities were appropriately maintained. For example all food storage areas were clean, well organised, and temperature records for the fridge, freezer and cooked meals were documented.

There were sufficient supplies of PPE in the centre, and staff were observed to adhere to public health guidelines such as wearing face masks and regular hand hygiene. A spill kit and accompanying guidelines were also available in the centre.

Up-to-date public health guidelines were available in the centre, and provider guidelines on the implementation of standard and transmission based precautions. A visitors' checklist such as temperature and symptom checks were completed. A clinical nurse specialist had visited the centre in May 2022, and made a number of recommendations, which were due for completion in the coming months.

The provider had revised their contingency plan since the previous inspection, and it included the measures to be implemented in the event of a suspected or confirmed case of COVID-19, as well as referencing self-isolation guides for residents, and a contingency plan in the event of staff shortages or an outbreak in the centre. The needs of the residents in terms of risks and supports had been assessed, and were detailed in risk assessments and individual health care plans, and two staff

described the specific supports relating to respiratory care.

Suitable arrangements were in place for waste management and laundry management.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with the care and support to meet their health care needs. Residents health care needs had been assessed by their general practitioner, and by a range of health care professionals. The inspector reviewed healthcare plans for three residents and found these plans adequately described the care to be provided to residents. The inspector also spoke with three staff during the inspection who also described a number of health care supports, as well as monitoring interventions in use, as per residents' personal plans.

Residents were supported to attend appointments with their general practitioner, and a range of healthcare professionals, such as a speech and language therapist, a physiotherapist, and an occupational therapist, as needed. Appropriate support had been provided to residents when they became unwell, and the support of a nurse was available if needed. For example, in the event the person in charge was not on site, or off duty, staff communicated with a nurse in a local centre, and a triage of the resident's condition was completed. Where further support, was required the nurse either attended the centre, or if needed, emergency medical services were contacted.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by policies and procedures in the centre. There had been no recent safeguarding incidents in the centre, and staff described the continued safeguarding measures in place for some residents due to an ongoing risk. The inspector observed these measures were implemented in practice. All staff had up to date training in safeguarding.

Residents had been provided with information on safeguarding during residents' meetings, to help them understand and have the skills for protection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were promoted in the centre, and decisions about the care and support residents received, was based on the individual needs of residents, and the preferences that residents communicated. For example, two residents were supported with activities during the day in the centre, and chose where they would like to go. Residents had requested that residents' meetings be held once a month rather than more frequently, and asked that topics discussed were reduced to about four items, and this was supported. Residents were kept updated with news or issues in the centre such as the availability of a vaccination programme, or new staff recruited to the centre. Healthcare issues and safeguarding had also been discussed with residents.

Residents chose the activities and meals they preferred, and a staff member described that this was individually planned with each resident. For example, a resident had recently wanted to exercise with a personal trainer and was attending personal training sessions weekly. Staff were observed to be very respectful when talking with residents, and described to the inspector some of the supports in place to ensure residents' privacy and dignity was respected. Each of the residents had their own bedrooms, and there was adequate private space for residents' use if they preferred.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant