



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

Name of designated centre:	Devon Lodge
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	20 November 2018
Centre ID:	OSV-0001494
Fieldwork ID:	MON-0021584

About the designated centre

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

Devon Lodge provides services to adults with an intellectual disability who have been identified as requiring a support level ranging from minimum to high as per National Intellectual Disability Database classifications. It is intended to meet the needs of people whose primary diagnosis is intellectual disability and may also include co-morbidity. Devon Lodge Services provides a seven day residential placement for five male and female residents from the age of 18 upwards. The centre comprises of one house in a residential area by the sea on the outskirts of a city, and has good access to the a wide range of facilities and amenities. Residents at Devon Lodge are supported by a staff team that includes; a team leader, social care workers and care assistants. Staff are based in the centre when residents are present including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

To prepare for this inspection the inspector or 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
20 November 2018	10:00hrs to 17:00hrs	Jackie Warren	Lead

Views of people who use the service

The inspector met with all five residents who used this service. Residents confirmed that they were happy with the service and care provided, had good access to the local community and enjoyed living in the centre. They also stated that they enjoyed the activities that they took part in at their day services. Residents also spoke highly of staff, and said that they trusted and felt safe with them. The inspector observed that residents appeared to be comfortable and relaxed in the company of staff and with each other.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents living at this centre. Furthermore, the provider and management team had addressed issues that had been identified in the previous inspection report.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in an improved standard of care, support and safety being provided to residents living at the centre. Six-monthly unannounced audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge was not based in the centre, but was present there frequently, was known to the residents and was familiar with their care and support needs. Since the last inspection, a team leader had been assigned to the centre. The team leader had responsibility for the day-to-day running of the centre and worked closely with the person in charge. There were suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. The inspector

observed, and residents and staff confirmed, that there were sufficient numbers of staff to support residents' assessed needs, and including their daily activities programmes, community involvement, and taking part in activities of their choice. Some volunteers also worked with residents and supported them with social activities. However, this required some improvement as the person in charge had not ensured that the volunteer programme was being managed in line with the organisation's policy.

The provider had ensured that the centre was suitably insured and that there was an up-to-date statement of purpose that reflected the service being provided to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the prescribed documentation for the renewal of the designated centre's registration to the chief inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. There were suitable deputising arrangements in place to cover the absence of the person in charge. These were in place during the inspection and were found to be effective. The person deputising for the person in charge met the requirements of the regulations and was knowledgeable regarding the needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed and these were accurate at the time of inspection. Furthermore, the provider's recruitment process ensured that all staff documentation required under Schedule 2 of the regulations had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as feeding, eating and drinking, hand hygiene and respiratory emergency training. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

Regulation 22: Insurance

There is a current insurance policy in effect for the service.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were

systems in place, such as audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

There was an informative statement of purpose that met most of the requirements of the regulations. However, some of the criteria in schedule 1 of the regulations were not clearly stated in the statement of purpose.

Judgment: Substantially compliant

Regulation 30: Volunteers

There was insufficient evidence to demonstrate that the person in charge has ensured that volunteers to the centre had been suitably supervised, supported and vetted as required by the regulations, and in line with the centre's policy.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of absence of the person in charge, and suitable notification had been made as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the chief inspector of the procedures and arrangements that will be in place for the management of the centre in the absence of the person in charge. This information had been supplied in respect of an absence of the person in charge and suitable deputising

arrangements had been implemented.

Judgment: Compliant

Quality and safety

The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices. Residents' quality of life was prioritised by the systems in the centre - and their choices were supported. The inspector could see that residents were out and about in the community and were very involved in a wide range of local activities, such as community projects, fund raising, training courses and classes, visiting and socialising with family and friends, and entertainment events. Residents told the inspector about these activities, and confirmed that they enjoyed them.

The centre suited the needs of residents. The house was centrally located and residents had very good access to local amenities and public transport. All residents had their own bedrooms, and could lock their doors if they chose to. The rooms were decorated to residents' liking. The centre was clean, comfortable, well decorated and suitably furnished.

Annual meetings between residents, their families and staff took place, at which residents' personal goals and support needs for the coming year were planned. The personal planning process ensured that residents' social, health and developmental needs were identified, and that suitable supports were in place to ensure that these were met. In a sample of personal plans viewed, the inspector found that while progress in achieving person goals was being well recorded and that the goals were being achieved, a suitable review and update had not been made arising from a change in a healthcare need.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and attended annual medical checks. Healthcare services, including speech and language therapy, physiotherapy, psychology and behaviour support, were supplied by the provider. Other services, such as chiropody, dental and optical services, were arranged in the local community. Plans of care were developed for residents' which identified their specific healthcare needs. This ensured that residents' healthcare requirements were identified, and that plans were in place to ensure that this care was appropriately delivered.

Residents nutritional needs were well met. They had involvement in choosing, shopping for and preparing their own food, their weights were being monitored and suitable foods were provided to meet residents' assessed needs.

Overall, there was a good level of compliance with regulations relating to the quality

and safety of resident care.

Regulation 11: Visits

Residents were facilitated to meet family and friends, both in the centre and elsewhere, in accordance with their own wishes. There was sufficient rooms in the centre for residents to meet with visitors in private.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was comfortably furnished and decorated, clean, suitably equipped, and was well maintained both internally and externally.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided for residents in central areas in the house. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, meal plans and local events and activities. There was also an informative residents' guide that met the requirements of the regulations. This was made available to residents in a suitable, easy-read format.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents. These were based on each

resident's assessed needs and were made available to residents in a user-friendly format. Residents' personal goals were agreed at annual personal planning meetings. A sample of residents' personal goal records included time frames for achievement, progress updates and identified support. However, while overall residents' social and health related goals and plans were being very well managed, one healthcare plan viewed was not being progressed as required, in that a nutritional plan of care had not been developed following a change in circumstances.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviour that challenges. All staff had attended training in relation to the management of behaviour that challenges and behaviour support plans had been developed when required. These plans were being implemented and there had been a reduction of occurrences of incidents arising from behaviour that challenges due to changes that had been introduced.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Devon Lodge OSV-0001494

Inspection ID: MON-0021584

Date of inspection: 20/11/2018

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and amended to include all the required information set out in schedule 1 of the regulations.</p>	
Regulation 30: Volunteers	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 30: Volunteers: The Person in Charge has ensured that volunteers have been suitably supervised, supported and vetted. There is a supervision schedule in place and all volunteers will receive supervision and support from the Team Leader in January 2019. The Team Leader will ensure that all required quota of supervision meetings are scheduled per year in line with our center's policy.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual</p>	

assessment and personal plan:

All residents' weight are checked monthly and any concerns result in a care plan being formulated to address this. For one resident a nutritional plan has been put in place to encourage healthy eating and regular exercise. Healthy eating is discussed at house meetings regularly and in individual keyworking meetings, where residents are encouraged to make positive healthy food choices.

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/11/2018
Regulation 30(b)	The person in charge shall ensure that volunteers with the designated centre receive supervision and support.	Not Compliant	Yellow	31/01/2019
Regulation 30(c)	The person in charge shall ensure that volunteers with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).	Not Compliant	Yellow	22/11/2018
Regulation 05(8)	The person in charge shall	Substantially Compliant	Yellow	16/01/2019

	ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).			
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