



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

Issued by the Chief Inspector

Name of designated centre:	Devon Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	23 October 2024
Centre ID:	OSV-0001494
Fieldwork ID:	MON-0036704

About the designated centre

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

Devon Lodge Services provides a seven day residential placement for up to five residents whom have varying degrees of learning disability, ranging from mild to moderate, from the age of 18 upwards. It can accommodate persons who have mental health issues, residents who have behavioural management strategies in place and with a range of medical and physical needs. The service can accommodate one person with limited mobility. The centre comprises of one house in a residential area by the sea on the outskirts of a city, and has good access to a wide range of facilities and amenities. Residents at Devon Lodge are supported by a staff team that includes; a person in charge, 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:	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 (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
Wednesday 23 October 2024	10:10hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection, carried out following receipt of an application to the Chief Inspector of Social Services to renew registration of the centre and, to monitor compliance with the regulations and follow up on non compliance's identified at the last inspection. The inspection was facilitated by the person in charge and area manager. The inspector also had the opportunity to meet with one other staff member. At the time of the inspection, there were four residents living in the centre, alternative living accommodation had been provided for one resident since the last inspection. The inspector met and spoke with all four residents who were living in the centre. The inspector also reviewed four questionnaires which residents had completed in advance of the inspection, regarding their views of the service.

The person in charge advised that while residents were generally in good physical health, staff were cognisant of their aging profile. All residents attended day services on days of their choosing, some residents attended two or three days a week while another attended five days a week. One resident was supported to attend day services later on some mornings in line with their preference. On the morning of the inspection, three residents had already left the centre to attend their respective day services and another resident was still in their bedroom being supported with personal care. The inspector met with this resident later in the morning while they were having breakfast in the kitchen. The resident advised that they were happy living in the house and got on well with everyone. They told the inspector how they enjoyed going to day services three days a week but also liked to have a lie in on some mornings. They mentioned how they enjoyed watching the 'soaps' on television, going out for lunch, going for walks, attending music sessions and going to mass on Sundays. They spoke of their plans to go out for lunch with support of staff later in the day. They told the inspector how they had enjoyed a number of short holiday breaks during the summer months as well as a number of day trips to places such as Knock religious shrine, Westport, Kylemore Abbey and had attended a number of music concerts. Following breakfast, the resident relaxed in one of the new recliner armchairs as they watched television and chatted with staff before going out for lunch in the early afternoon.

Later in the afternoon, the inspector met and spoke with the other residents on their return from day services. They introduced themselves and welcomed the inspector. They were all in good form, appeared relaxed and content as they went about their own routines, emptying the dish washer, attending to laundry and making cups of tea and coffee. They were happy to show the inspector their bedrooms which were individually decorated and personalised. One resident told the inspector how they were very happy with the recent renovations to their en suite shower room, another showed the inspector the many framed photographs they had displayed of friends and family members and another had a display of musical instruments wall mounted in their bedroom. Residents spoke about how they liked the house and their bedrooms and they all spoke about how happy they were with recent renovations,

new furniture and soft furnishings that had been provided. They all spoke highly of staff and commented that 'they were kind, work hard and they would do anything for you'. They told the inspector how they were consulted with on a daily basis and could choose how they spent their day and choose where they wished to go. Some residents independently used public transport to go to day services, others were collected from the house. Residents advised that they had the use of a minibus at weekends to attend activities and go on day trips. They spoke about how residents were getting older and having more difficulty in walking and therefore wished to have their own specific vehicle. Residents had already raised this issue with the local management team. The area manager advised that plans were in progress to obtain a specific vehicle for residents use.

The house was designed and laid out over three floors. Accommodation for residents was provided on the ground and first floor, with storage rooms located on the second floor. There were five bedrooms, two with en suite shower facilities for residents use. One of the bedrooms with en suite facilities was located on the ground floor and four bedrooms were located on the first floor. One of the first floor bedrooms had an en suite shower room and an additional shower room was also available. There was an bedroom/office available for use by staff. There was a variety of communal day spaces available including a well equipped kitchen cum dining room and two sitting rooms. There was a separate utility room, storage rooms and an external store. Residents had easy access to well maintained mature garden areas. The building was accessible with suitable ramps provided to the front and rear entrance areas. The building and equipment were found to be visibly clean and well maintained. Residents were happy with recent renovations to bathroom facilities, as well as with the new kitchen, dining and sitting room furniture. The local management team spoke of further plans to upgrade and renovate the ground floor en suite shower room and first floor bathroom areas.

Residents' independence continued to be promoted. One of the residents spoke about how they enjoyed spending time outside, mowing the grass, trimming the hedges and sweeping the pathways. Some residents liked to help out with shopping, cooking, cleaning and laundry. Residents had their own key to the house and to their individual bedrooms. Some residents were supported to leave the house at their own discretion while having regard to letting staff know of their plans. Most residents had their own mobile telephone which they used to keep in contact with staff, friends and family.

Residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as 'the right to feel safe', the complaints process, anti bullying procedures, respecting personal space, fire safety notices, national advocacy service and the contact details for the confidential recipient.

From conversations with staff and residents, a review of completed questionnaires, observations made while in the centre, and information reviewed during the inspection, it was evident that residents lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very

much promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

There was a clearly defined management structure in place and the findings from this inspection indicated that the centre was being well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas. The issues identified in the compliance plan from the previous inspection had been addressed. In particular, alternative living accommodation had been provided for one resident who had lived in the house. This had a positive impact for residents living in this house, as long standing incompatibilities between residents which had resulted in safeguarding issues and negative interactions were no longer an issue.

The person in charge worked full-time and was responsible for the day-to-day operational management of the centre. They demonstrated clear knowledge of the service and knew the residents well. They were supported in their role by the staff team and area manager. There were on-call management arrangements in place for out-of-hours which were clearly displayed.

The inspector found that the staffing levels were in line with levels set out in the statement of purpose and a full complement of staff were available. There were no staff vacancies at the time of inspection. The staffing rosters reviewed for the weeks beginning 23, 28 October and 4 November 2024 indicated that a team of consistent staff was in place. The roster was completed to December 2024.

Training records reviewed by the inspector and conversations with staff provided assurances that the staff were provided with ongoing training. Records reviewed by the inspector indicated that all staff including relief staff had completed mandatory training. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed at team meetings.

The providers' systems for reviewing the quality and safety of the service included six-monthly provider-led audits and an annual review. The annual review for 2023 was completed and had included consultations with residents and their families. Improvements identified in the review had largely been addressed, and there were plans in progress to upgrade two bathrooms. The provider continued to complete six-monthly reviews of the service. The most recent review was completed on 2 October 2024. Issues identified in the action plan as an outcome of the review had

either been addressed or were in the process of being addressed. For example, a contractor had been appointed to complete upgrading and renovation to two shower rooms.

The person in charge and area manager continued to carry out regular reviews of risk including fire safety, incidents, health and safety, infection, prevention and control and medication management. The results of recent audits had identified some improvements required which had since been addressed.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensure on going compliance with the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre had continued to be reviewed to ensure that they were adequate to meet the assessed support needs of residents. The staffing levels at the time of inspection met the support needs of residents. There were normally two staff members on duty during the morning and evening time. Staffing arrangements were flexible, for example, a resident who required one to one support was provided with same on the days when they were not attending day services and additional staff were rostered to support residents attend medical appointments when required. There was one staff member on sleepover duty at night-time. The rosters reviewed for the weeks beginning 23, 28 October and 4 November 2024 indicated a

team of consistent staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including various aspects of infection prevention and control, medicines management, diabetes awareness, epilepsy care, feeding, eating and drinking guidance, and respiratory emergency care. Some staff had completed training on assisted decision-making, person centered planning and a human rights based approach to care.

Judgment: Compliant

Regulation 23: Governance and management

The provider and local management team had systems in place to maintain oversight of the safety and quality of the service including an annual review of the service. Action plans as a result of these reviews had either been addressed or were in the process of being addressed. There was evidence of ongoing consultation with service users and their representatives. The provider had ensured that the designated centre was resourced in terms of staffing and other resources in line with the assessed needs of the residents. The compliance plan submitted following the previous inspection had been addressed and the regulations reviewed on this inspection were found to be compliant.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose submitted with the recent application to renew registration of the centre. The statement of purpose was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure and the right to make a complaint had been discussed with residents. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no open complaints at the time of inspection.

Judgment: Compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality. As discussed under the capacity and capability section of this report, residents living in the house had an improved quality of life since the incompatibility issues had been addressed. Staff were committed to promoting the rights and independence of residents and ensured that they received an individualised safe service. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis. The provider had continued to invest in the property, recent refurbishments had been completed and further improvement works were planned to two shower rooms. The area manager spoke of plans to provide a dedicated vehicle for residents use. Completed questionnaires reviewed by the inspector and conversations with residents indicated that they liked living in the centre, they continued to enjoy their independence both in the house and while out and about in the community.

Residents availing of this service were generally in good physical health, however, some residents required supports with mental health difficulties and some were assessed as being at high risk of falls. The inspector reviewed the files of two residents. There were recently updated comprehensive assessments of the health, personal and social care needs of residents. A range of risk assessments had been completed and care and support plans were in place for all identified issues. Support plans were found to be comprehensive, informative, person-centred and had been recently reviewed. Residents had access to general practitioners (GPs), an out of hours GP service and a range of allied health services.

The provider and person in charge had systems in place for the regular review of risk in the centre including regular reviews of health and safety, infection prevention and control and medication management. Identified risks were regularly discussed with staff at regular scheduled meetings. The management and staff team continued to promote a restraint-free environment and there were no environmental restrictive practices in use. Risk assessments had been completed to support a resident spend time alone in the centre. All residents had been involved in

completing fire drills and fire drill records reviewed by the inspector indicated that there had been no issues in evacuating the building in a timely manner.

Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. Residents continued to attend day services on days of their choice. The centre was close to a range of amenities and facilities in the local area and nearby city. From conversations with residents and information reviewed during the inspection, it was evident that residents lived active and meaningful lives and spent time going places that they enjoyed. Residents also liked spending time relaxing in the house, watching television, gardening and completing household tasks.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met resident's individual needs. The house was found to well maintained, visibly clean, furnished and decorated in a homely style. There was a variety of shared communal living spaces available and an adequate number of toilets and shower facilities. Some refurbishment works had been completed and further works were planned to upgrade two further shower rooms.

The design of the house and garden promoted accessibility with suitable ramps provided at the front and rear entrance doors. The ground floor area was suitable to facilitate a resident with mobility issues, appropriate grab-rails, handrails and ramps were provided.

Residents that required assistive devices and equipment to enhance their mobility and quality of life had been assessed and appropriate equipment had been provided including specialised bed, shower chair and mobility aids.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risks. The risk register had been recently reviewed and was reflective of risks in the centre. All residents had a recently updated personal

emergency evacuation plan in place. Fire drill records reviewed by the inspector indicated that all residents could be evacuated safely in the event of fire. The inspector spoke with residents who were knowledgeable regarding the fire evacuation procedures and confirmed that they had taken part in fire drills. There were regular reviews of health and safety, incidents, medication management as well as infection prevention and control. The recommendations from reviews had been addressed and were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour-coded cleaning system and a documented cleaning programme being implemented at the centre. Suitable facilities were provided for the storage of cleaning equipment. The building, environment and equipment were visibly clean and well maintained. Recent refurbishments to an en suite shower room, new kitchen equipment, new dining and sitting room furniture, further enhanced infection prevention and control in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks continued to take place. There was a schedule in place for servicing of the fire alarm system and fire fighting equipment. All staff had completed fire safety training. Regular fire drills were taking place involving all staff and residents. Fire drill records reviewed by the inspector indicated that residents could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed by the inspector were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed, and updated as required. For example, a resident assessed as being at high risk of falls had a comprehensive safe environment care plan in place and was being supervised closely with one to one staff supports in place.

Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector noted that individual goals were clearly set out for 2024, many of the goals had already been achieved while others were in progress. There were a range of photographs showing residents clearly enjoying fulfillment of their goals.

Judgment: Compliant

Regulation 6: Health care

The local management and staff team continued to ensure that residents had access to the healthcare that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of two residents' files indicated that residents had been reviewed by the GP, psychologist, psychiatrist, physiotherapist, occupational therapist, speech and language therapist, nutritionist, podiatrist and dentist. Residents were supported to avail of vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours were being responded to appropriately, had access to specialists in behaviour management and written plans were in place. Behaviour support plans included triggers, early warning signs, as well as detailed proactive and reactive strategies to support them. All staff had received training in order to support residents manage their behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect as well as the actions required to protect residents from harm. A photograph and the contact details of the designated safeguarding officer was displayed. Residents who spoke with the inspector said that they felt safe living in the centre. The topics of safeguarding, the right to feel safe, anti-bullying procedures, and advocacy were discussed regularly with residents at house meetings. The person in charge had notified the Chief Inspector of a number of potential safeguarding incidents in recent months. All incidents had been reported to the designated officer and the inspector was satisfied that they were investigated and managed in line with the safeguarding policy. The person in charge advised that there were no safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The local management and staff team supported residents to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Residents who spoke with the inspector were knowledgeable regarding their rights. Staff were observed to interact with residents in a caring and respectful manner and residents spoke highly of staff supporting them.

The human rights charter was displayed and had been discussed with residents. There was evidence of ongoing consultation with residents, on a daily basis, at regular house meetings and individually at key working sessions. Residents spoken with confirmed that they were consulted with and had choices in their daily lives. The residents had access to information in a suitable accessible format, as well as access to the internet, televisions and their own mobile telephones. Residents advised that they could attend religious services if they wished and some regularly attended local church services. Residents also mentioned that they were registered to vote and could choose to vote or not. Some residents continued to manage their own finances and had keys to the front door and their bedrooms.

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	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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