



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

## Issued by the Chief Inspector

Name of designated centre:	Macotar Lodge Services
Name of provider:	Health Service Executive
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	03 October 2023
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0041308

## About the designated centre

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

Macotar Lodge Services is a designated centre operated by Health Service Executive. The centre can cater for the needs of up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one large bungalow house, located in a village in Co. Galway. Residents have their own bedroom, shared bathrooms and communal use of a sitting room, utility, kitchen and dining area. There is also a staff office in the centre and residents have access to a garden area, to use as they wish. Staff are on duty both day and night to support the residents who live in this centre.

**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
Tuesday 3 October 2023	11:15hrs to 16:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

From January to June 2023, three inspections were carried out in this centre, where continued significant concerns were found in relation to the oversight and management of the quality and safety of care, adequacy of staffing resources, residents' assessed needs and provider's ability to effectively identify and respond to risk. A notice of proposed decision to cancel the registration of this centre was issued to the provider in June 2023, and following this, the provider made representation to the Chief Inspector of Social Services, outlining a number of timebound actions they planned to take, to make the necessary improvements to this service. On 10th August 2023, a fourth inspection of this centre was completed, which found that the provider had failed to effectively implement this plan, with the same areas of concern still not rectified. The findings of that inspection also resulted in four immediate actions being issued to the provider, following concerns raised by inspectors in relation to, the guidance available to staff on the use of a particular chemical restraint, ineffective fire containment arrangements, failure of the provider to ensure adequate staff arrangements were in place to meet the assessed mobility needs of a resident, and also with regards to the safeguarding of residents' finances. The inspection also highlighted further concerns relating to the provider's oversight and risk management of medication management practices, and there was also a poor standard of social care being provided to residents, with little oversight by the provider of the planning and occurrence of residents' activities, to ensure their social care needs were being met by the service.

Following that inspection, under Section 51 of the Health Act 2007 ( as amended), the Chief Inspector made the decision to cancel the registration of this centre, due to the continued significant concerns that were being found in relation to the quality and safety of care provided to residents in this centre, and overall fitness of the provider to provide the residents with the service that they required. The provider was given 28 days to appeal this decision; however, they requested to the Chief Inspector to waive this appeal period. This resulted in the Health Service Executive under Section 64 of the Health act 2007 ( as amended) becoming the registered provider of this designated centre on 1st September 2023, with this being the first inspection of this centre, since that happened.

Upon the inspector's arrival, they were greeted by the person in charge and a staff member. One resident was in the centre and was being supported to have their day service at home, where they went out with staff to do grocery shopping and later returned to relax for the afternoon. The other four residents had already left to attend their day service, which was based in the community. In the afternoon, other staff members came on duty to support these four residents, as they returned home for the evening. Many of these staff members had met the inspector upon previous inspections and each spoke with the inspector at various intervals, about the recent changes that had occurred, since the new provider was appointed. Although the inspector had the opportunity to meet with the residents, due to their communication assessed needs, they were unable to speak directly with her about

the care and support they receive.

The residents who lived in this centre primarily required care and support with regards to their personal and intimate care needs, falls management, positive behaviour support, some had specific health care needs, each required a specific level of staff support to get out and about and some had specific manual handling requirements. There was one vacancy at the time of this inspection, and the person in charge told the inspector that currently, there was no plans in place to return to operating the centre at full capacity. This vacancy came about, following the recent discharge of a resident who had lived in this centre for almost 40 years. This discharge had a profound impact on staff, who had cared for this resident for a number of years, and for the residents who had also lived with them, and all were being offered support by the provider during this time. The remaining five residents were all in good health and both the person in charge and staff members, told the inspector, that residents had not been negatively impacted by the recent change in provider, which was mainly due to existing staff continuing to work in the centre to care for them.

Upon their appointment, the provider completed a review of many of the systems and practices in this centre, which guided them on prioritising specific areas of improvement that required addressing, one of which, led to a robust governance and management system being put in place to oversee the quality and safety of care. The provider appointed a new person in charge, set out clear lines of accountability and responsibility for the oversight of care delivery, and ensured an effective communication system was developed to monitor for all changes and improvements that they planned to make to this service. Fundamental to this, was the set-up and scheduling of weekly provider meetings between local management and the provider to review and oversee all aspects of this service. A substantial amount of time was assigned by the provider to specifically observing various care practices, recording and responding to incidents, and engaging with staff about their care practices, which allowed the provider to identify where additional guidance and support was required by staff, in order to better the standard of care. Additional training was provided where required, the person in charge was present daily to observe care practices, and multiple one-to-one sessions were carried out with individual staff members, so as to ensure each staff member was afforded adequate support and guidance regarding how they were carrying out their duties.

Another key aspect of this service that the provider recognised as requiring improvement was in relation staffing resources. New assessments of need were completed for each resident, which clearly identified the specific level and skill-mix of staff support that each resident required. The outcome of these assessments informed the day and night-time staff roster, with the provider also identifying the requirement for nursing support, based on some residents' assessed needs. Along with the person in charge providing this nursing support, a team leader, who had a background in nursing, was recruited for this service and due to commence their role in the coming weeks.

The response to risk had also greatly improved in this centre. Where risk was identified, it was quickly acted upon by the provider, with better outcomes for

residents. Recent incidents in relation to falls and behavioural management, had prompted a review by the provider of these specific aspects of care for residents, which had resulted in more effective measures being put in place, and clearer guidelines made available for staff to follow. Any risk to resident care or in relation to the organisational needs of this service, was discussed and reviewed with the provider on a weekly basis. Where risks were previously rated as being high, the provider had put a number of measures in place in response to these, which at the time of this inspection, had resulted in a significant decline in level of risk in this centre. Much emphasis was particularly placed on addressing previous risks relating to poor medication management practices, which had resulted in a reduction in the number of medication errors that were now occurring. As part of the provider's strive to sustain this improvement, daily reviews of medication administration practices were being carried out by the person in charge, along with scheduled medication audits to ensure a high level of adherence to safe medication practices was being maintained.

Another significant improvement that was observed on this inspection was in relation to residents' daily lived experience. Residents' meetings were occurring on a weekly basis. The outcome of these meetings informed the planning of residents' activities for the coming week, which was overseen by the person in charge, who ensured sufficient resources and time was allocated to make sure planned activities did occur. Some residents had recently attended a local ploughing event, others enjoyed going out for a drink, got out for walks and to local GAA matches, others visited friends and family, some regularly went shopping, to the cinema and many often headed out for a meal. A daily log of activities for each resident had been introduced and upon review of these records, the inspector found these clearly reflected the level of planning and activities that was now happening for these residents. Staff spoke at length about the positive impact this had for residents, with many responding well to new activities, and of how the stability of staffing resources along with much better planning, had allowed for activities to occur as scheduled.

Over the course of the inspection, staff spoke with the inspector about the various changes and improvements that the provider made to many aspects of care delivery, which they said, had a particular positive impact on the quality of residents' social care. They each spoke very highly of the new management structure, and of how they were receiving on-going guidance and support, which had improved their way of working and had overall improved staff morale. They spoke of the various new documentation that had been implemented and of how personnel, appointed by the provider, had come to the centre to meet with them, to familiarise them with how to develop, update, find and use this new documentation system to support their practices. They said they found the new documentation system very effective, easy-to-use, and relevant to the care that they provided to these residents. They also spoke positively about the one-to-one support that they were each receiving from the person in charge, which had largely attributed to easing them to transition to new procedures and systems of working. They spoke of how the person in charge made every effort to keep them informed of any changes to residents' care, and of how they receiving on-going support from her, at times when had any questions, or wished to raise a query.

Later in the afternoon, as residents began to return to the centre from their day service, there was a very pleasant and homely welcome for them from staff. Some retired to the kitchen table, where they engaged in sensory play, which they really enjoyed doing. Others were being supported to have a light snack upon their return, while another resident sat in the sitting room with a staff member to plan the next day's events. Interactions between staff and residents were relaxed, friendly and there was good banter going on between everyone, as they planned the evening ahead. Allied health care professionals had also arrived to the centre, to complete further reviews of some residents' care that evening, and as the inspector prepared to leave the centre, they were spending time observing interactions and speaking with staff. Overall, over the course of this inspection, the inspector found that there was a noted change for the better in the general atmosphere within this centre.

The specific findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

This was an unannounced inspection and as previously stated, was the first since the change of provider occurred on 1st September 2023. Since then, the provider put provisions in place to greatly enhance the oversight and monitoring of the quality and safety of care in this centre, with significant improvements found upon this inspection, in relation to risk management, staffing, residents' assessment of need, residents' social care and medication management. The provider was aware of a number of safeguarding incidents which were notified to the Chief Inspector by the previous provider, prior to their appointment, and they had taken appropriate action in recent weeks in relation to these. At the time of this inspection, the provider was continuing to monitor the progress and sustainability of all changes that they had made to better the quality and safety of care in this centre, and had further plans to develop a robust system for the management and oversight of residents' finances.

The provider appointed a new person in charge, who held a full-time role and was present at the centre to meet with residents and with their staff team. Since their appointment, the person in charge had spent much time with the residents and staff, so as to familiarise themselves with residents' assessed needs and to get to know them all individually. The person in charge told the inspector that this had been very beneficial in informing residents' assessments of need, along with identifying where specific issues were arising in relation to some care practices. Due to the multiple changes that the provider was making to various aspects of this service, a decision was made for the interim, to cease staff team meetings and instead, for the person in charge to regularly meet with each staff member, to go through all changes and to provide support and guidance in relation to specific care practices. Both the person in charge and staff noted that this had been a very effective measure, in ensuring a smooth transition for staff, in getting familiar with

new systems and practices, with a plan to return to staff meetings in the coming weeks.

In relation to the centre's staffing arrangement, the provider had revised each resident's assessment of need, so as to accurately inform the staffing compliment required for this centre. The staff team comprised of staff which had previously worked in this centre, some were returning from long-term leave and one full-time position had also been filled. As previously mentioned, a team leader was also recently recruited and due to commence their role in the coming weeks. Due to the assessed needs of these residents, the provider recognised the need for nursing support, which was now being provided. On-call arrangements were also in place, should staff require managerial support during out-of-hours. The provider had ensured that there were sufficient staffing resources available to this centre, and revised rostering arrangements were maintained under on-going review by the person in charge and overseen by the provider, as part of weekly provider meetings.

Overall, the provider had put clear systems in place, to ensure robust oversight and monitoring of the quality and safety of care. Local members of management were clear on their roles and responsibilities and there was continuous oversight happening of the delivery of care. Upon their appointment, the provider completed a full review of a number of aspects of this service, which then informed their action plan to address all the necessary improvements that needed to be made to this service. The person in charge worked full-time from the centre, and this level of managerial presence had made a profound impact on the effective implementation of specific improvements, ensured continued oversight of the daily delivery of care, provided full-time support and guidance to staff, allowed for the timely identification of new risks, and for the effective monitoring of the progress being made towards addressing specific areas of concern, as identified by the provider. Along with this, a number of audits were occurring, with a medication audit being completed by an external person, on the day of this inspection. The person in charge also spoke of the routine oversight they did daily of various practices and documentation, to ensure adherence to recent changes, and to identify any further support and guidance that may be required by staff. They spoke of how this level of oversight had played a pivotal role in bettering specific care practices, and in improving the quality of information within various resident and organisational specific supporting documentation.

On a weekly basis, the management team for this centre, held meetings with the provider to review a number of key aspects of this service, to include, staffing, resource management, any issues arising, resident specific care arrangements and the progress being made towards making identified improvements. At this meeting, the provider was also informed of any new risks which were identified, which they responded quickly to, and provided any additional resources that was required, in order to run this centre, as set out in the statement of purpose. Although much work had gone into improving this service in recent weeks, the person in charge spoke of how the provider and management team were cognisant to focus all monitoring, going forward, on ensuring the sustainability of the positive changes which had been made in this service. The provider was aware that there was still on-going work required, particularly in relation to putting a robust system in place

for the management of residents' finances, and they had begun reviewing this, at the time of this inspection.

Overall, the provider had made many provisions to ensure that the issues, which were previously identified in this centre, were addressed. The outcome of increased oversight had a hugely positive impact on the quality and safety of care provided in this centre, on improving staff practice, on bettering care for residents and on ensuring timely response when risk was identified.

#### Regulation 14: Persons in charge

The person in charge held a full-time position and since their appointment, had gotten to know the residents and their assessed needs very well. They also were aware of the organisational needs of the service delivered to them, and were supported in their role by their line manager and staff team. They had regular contact with their line manager to review all operational matters and also met weekly with the provider in relation to the running and management of this centre. This was the only designated centre in which they were person in charge for, which gave them the capacity to ensure it was effectively managed.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured up-to-date residents' assessments of need informed the staffing arrangements for this centre, assuring a suitable number and skill-mix of staff was in place, to meet the assessed needs of residents. Nursing support was now available to these residents, which had a positive impact for those with particular health care needs. A well-maintained roster was in place, which clearly identified the names, start and finish times worked by staff. The provider had also recruited for the position of a Team Leader, who was due to commence working in this centre in the coming weeks. The provider had maintained continuity of care for residents, with many staff, who had previously supported these residents for a number of years, continuing to work in this centre. The oversight of this centre staffing arrangement was routinely reviewed by the provider as part of weekly provider meetings.

Judgment: Compliant

#### Regulation 23: Governance and management

The provider had ensured sufficient resources were in place to meet the assessed needs of residents and to meet the objectives, as set out within the statement of purpose. Some additional staffing resources had been put in place, additional training, support and guidance was made available to all staff and where required, new equipment was provided, in line with residents' assessed needs. The provider had appointed suitable persons to manage and oversee the running of this centre, and had clear lines of accountability and communication in place, to ensure this centre was appropriately governed. This had resulted in many of the previously identified areas of concern, being addressed by this provider.

Effective internal communication systems were in place between management and staff, which had a positive impact on the governance and management of this centre. One-to-one support was provided to staff by the person in charge, to support them in getting familiar with many of the new systems that this provider had put in place. The person in charge met regularly with each staff member, which had a positive impact on ensuring all staff had the opportunity to bring any concerns that they had to her attention. The person in charge also maintained regular contact with their line manager, who both had weekly meetings with the provider to review all operational matters.

The oversight and monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge at the centre. They oversaw various care practices and guided staff in this aspect of their duties on an on-going basis. The provider had completed a six monthly provider-led visit since their appointment and various other audits were also occurring, which informed where further improvements were required. As previously mentioned, the provider met weekly with those responsible for the management of this service, which informed on progress being made towards improving the quality and safety of service that these residents received.

Judgment: Compliant

## Quality and safety

This inspection found improved arrangements in relation to the assessment of residents' needs, medication management, health care, fire safety and risk management. However, the most significant change was observed in relation to the quality of social care being provided for residents, who now consistently enjoyed regular and meaningful activities, due to better oversight by the provider in ensuring activities were planned and happening for them.

A new system was implemented by this provider for the assessment of residents' needs, which had been completed for all five residents. Of the documentation reviewed by the inspector, these gave very clear and accurate information on the specific needs that residents had, in relation to, personal and intimate care, falls

management, level of staff support required, behavioural support, health care and on the required input from various multi-disciplinary professionals. Support was provided to staff in getting to know this new system, with personnel appointed by the provider, to come to the centre to go through how to find and complete various documentation. Of the staff who met with the inspector, they said that this had been invaluable in supporting them to transition from the previous system, to this new system. They said they found the new system easy to follow and could access clear and concise guidance, which informed the care that they needed to provide to residents. The effective implementation of this new assessment system was overseen by the person in charge, who provided individual support to staff on its use, and ensured that prompt re-assessment was completed, should any changes to residents' needs occur.

In recent weeks, the provider placed a large focus on reviewing the specific health care needs of residents. Where residents had been awaiting various allied health care professional referrals, these now were completed. Staff were provided with additional support and guidance in relation to the management of some specific health care needs that residents had, particularly in the area of epilepsy management. As previously stated, since their appointment, the provider recognised the requirement for nursing support in this centre, based on the health care needs of residents, and this was now being provided.

With regards to risk management, significant changes were made by the provider to ensure that risk was quickly identified and acted upon. Where incidents had occurred in recent weeks, these were reviewed by the person in charge, control measures were put in place and these incidents were then brought to the attention of the provider, as part of weekly provider meetings. Good areas of practice were observed by the inspector in relation to the provider's response to falls management and behaviour related incidents which had occurred, whereby, prompt action was taken by the provider to provide safer and better care for residents. A risk register was maintained by the person in charge, which clearly identified specific risks relating to this centre and of how these were being managed. The person in charge ensured that all staff were aware of specific control measures that were to be adhered to, and continued to oversee the effective implementation of these, as part of their daily managerial duties.

Social activities for residents were now consistently planned for, where residents attended a meeting with staff to decide what they wanted to do in the coming week. As many residents had assessed communication needs, staff used visual aids at these meetings, to allow all residents to be involved in the discussion. Along with scheduling activities in accordance to residents' known interests, staff also went through the local paper to let residents know of any upcoming events happening. Daily activity records reviewed by the inspector, gave a very clear picture of what residents liked to do in the evening time and of the variety activities they had engaged in at weekends. This aspect of residents' care was overseen by the person in charge, who ensured that sufficient resources were made available to allow for planned activities to go ahead as scheduled. Staff who spoke with the inspector, said that the planning of residents' activities along with better resource management, had been very beneficial for residents as it meant they got out more

in the evening time and at weekends.

The provider had also made changes to the medication management system, maintaining clear oversight of all prescribing and administration practices. Where medication errors had occurred, the provider quickly acted upon these by providing additional support and guidance to staff, resulting in an overall decline in similar incidents happening. Staff who met with the inspector, said they found the new medication system easy to use and had received a lot of support from the person in charge during the implementation phase. This was an aspect of service that regularly monitored, audited and overseen by the provider, to make sure a high standard of safe medication management practices were maintained.

Following their appointment, the provider put immediate measures in place to safeguard residents' finances. Regular balance and checks of residents' monies were completed and staff were made aware of the procedure to be followed, for all transactions and lodgements made to residents' accounts. The person in charge spoke with the inspector about the provider's plans to fully review the system around the management of residents' finances and had begun taking action in relation to this. The input of a social care worker had been sought and was due to engage with the provider, residents and their families in the coming weeks. Although improvements to this aspect of the service had not yet been fully completed by the provider, the interim measures that they had put in place, had been effective in the provider assuring that residents' finances were safeguarded, until such a time as a more robust management system for residents' finances was put in place.

Overall, there was a marked improvement to the areas of concern that were found on previous inspections. The provider acknowledged the importance of monitoring all systems while changes were being implemented and had ensured adequate oversight of this. They had placed significant emphasis on getting clarity on residents' assessed needs and had effectively used this information to better the lived experience for residents, and to improve the overall service delivered to them.

## Regulation 12: Personal possessions

The previous inspection of this centre identified where significant improvements were required to the overall management of residents' personal finances. Since their appointment, the provider had put immediate measures in place to safeguard residents' finances and this was being regularly audited to ensure these measures were effective.

However, the provider did recognise the need for a complete review of the system in place for the management of residents' finances. They had begun engaging with residents and their families in relation to this, and were clear on what actions needed to be taken to improve this aspect of the service. However, at the time of this inspection, while the provider had put interim safety measures in place, the

overall improvements that the provider intended to make were still in progress.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Due to better planning arrangements, this had a positive impact on the quality of social care that these residents received. Along with attending their day services, these residents were getting out in the evening time and at weekends, to enjoy various activities of interest to them. Weekly residents' meetings were occurring, which informed the planning of the coming weeks activities. Staff were cognisant of the communication needs of some residents, and scheduled more sensory based activities for these residents, which they responded well to. Specific daily records were maintained for each resident, outlining the activities they had taken part in, with the planning and recording of all activities being routinely overseen by the person in charge.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk in this centre. Where risk was identified, it was responded to quickly, and control measures were immediately put in place to protect the safety of residents. For example, for one resident who is identified as being a high risk of falls, following a review their falls management plan, it was identified that some measures required review, to ensure these were not posing a potential falls risk to this resident. This review was completed, which had better and safer outcomes for this resident. Where risks in relation to residents' safety were identified, clear and concise risk assessments were put in place, and subject of on-going review.

The oversight of resident specific and organisational risk was a key focus of the provider meetings that were occurring each week. Identified risks were routinely discussed at these meetings and where additional measures were required, these were put in place. The person in charge had also developed a specific risk register for this centre, which contained various risk assessments, relating to the specific risks that the provider had responded to and was continuing to monitor, in relation to this centre. These risk assessments were clear on the specific measures that the provider had put in place in response to certain risks, and were maintained up-to-date by the person in charge.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had fire safety systems in place, including, fire detection and containment systems, regular fire checks were occurring, all staff had received up-to-date training in fire safety and there was a clear fire procedure displayed. Through their own monitoring systems, the provider had identified where additional improvements were required to some aspects of fire containment and had appropriately addressed these. Regular fire drills were happening and the outcome of these, assured that staff could support these residents to evacuate the centre in a timely manner. Clear personal evacuation plans were maintained for each resident, guiding on the level of support each resident would require, in the event of a fire. A waking staff member was also on duty each night, ensuring that should a fire occur, staff were available to quickly respond. Arrangements for fire safety were regularly overseen by the person in charge and any issues were brought to the attention of the provider at weekly provider meetings.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had clear procedures in place for the safe administration of medicines in this centre. In response to some medication errors which had occurred, they provided additional training and support to staff, which had a positive impact on reducing similar medication errors from re-occurring.

The provider implemented a new medication system, which consisted of clear prescribing and medication administration records. A blister pack system was in operation, with clear supporting documentation to enable staff to refer to, as and when required. A medication audit was happening on the day of this inspection and in conjunction with this, the person in charge reviewed the medication system daily, for any medication errors or improvements required. The on-going monitoring of medication management was routinely overseen by the provider as part of weekly provider meetings.

At the time of this inspection, no resident was taking responsibility for their own medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

A new assessment of need and personal planning system was implemented in this centre, which had been completed for each resident. Assessments of need were clear on the specific needs of each resident, the level of staff support that they required and also referred to any input needed from various allied health care professionals. Additional personnel supported staff to become familiar with this new system, which staff reported to be working very well. A key-worker arrangement was in place, whereby, named staff were appointed with the responsibility for ensuring residents' assessments of need were completed and updated, as and when required. Where changes had occurred to residents' care interventions, the person in charge maintained regular oversight of this new system, to ensure residents' assessment of need was updated, to reflect these changes.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents were receiving the care and support that they required. Where residents had previously been awaiting health care referrals, these were now completed. Clear guidance was in place for staff to refer to in relation to residents' various health care needs. In addition, along with access to a number of allied health care professionals, nursing support was now available at this centre to support in the review and assessment of residents' health care needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had suitable arrangements in place for this. A behaviour support therapist supported this service in the review of residents' behaviour support interventions and provided guidance in relation to any behavioural incidents that occurred. For example, in recent weeks, there was an increase in the number of behavioural related incidents occurring for one resident, which prompted a review of this resident's behaviour support interventions, which was completed and new guidance put in place for staff to implement. Since the last inspection, protocols for the administration of chemical restraint were reviewed, with clearer guidance now in place for staff to refer to, should such restrictions be warranted. Where restrictions were in place, these were also subject to on-going review, with further reviews scheduled to occur in the weeks subsequent to this inspection. Staff were clear on the restrictions that were in place and had good knowledge of the protocols in place to guide on their use.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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

# Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0041308

Date of inspection: 03/10/2023

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The process for ensuring that all people supported have control over their personal finances has commenced. Due to financial regulations with banking institutions it will take a number of months to complete this process. The Person In Charge in conjunction with a Social Worker who has been appointed to Person’s Supported, has commenced engagement with individuals and their families.</p> <p>The current financial arrangements have been reviewed by the Person In Charge. A system is in place to record all financial transactions carried out. This is reviewed weekly by the Person In Charge.</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/03/2024