Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Whitmore Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	21 May 2024 and 22 May 2024
Centre ID:	OSV-0005811
Fieldwork ID:	MON-0034691

About the designated centre

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

Whitmore Lodge is an eight bedroom unit situated on a campus based setting in Co. Louth. The centre can support eight male and female adults who require nursing support due to changing medical needs. The centre is nurse led 24 hours a day. Health care assistants also play a significant role in supporting residents here. There are six staff allocated to work during the day with residents and three staff at night time. Household staff also work during the day. The person in charge is a qualified nurse and works on a fulltime basis in this centre. Residents are supported to access community facilities in line with their assessed needs. Two buses are available to residents to facilitate the residents to access their community. Other activities are available in the centre which includes reflexology and music therapy. This centre is also approved as a learning environment for student nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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 21 May 2024	08:50hrs to 16:50hrs	Anna Doyle	Lead
Wednesday 22 May 2024	08:10hrs to 13:15hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall the residents in this centre looked well cared for and they were supported with their assessed needs by a team of staff who were observed to be kind, patient and respectful of the residents. However, the inspector observed some medicine management practices in the centre and found that improvements were required in a number of areas to ensure safe practices. Improvements were also required in staffing, records stored, the premises, healthcare and protection. As a result, the inspector found that the governance and management systems to include the oversight of audits and actions from management meetings required some improvements to ensure a safe, quality service was being delivered to residents.

The inspection was announced following the registered provider's application to renew the registration of the centre. The centre is located on a large campus and is considered a congregated setting. The registered provider is currently seeking permission to build a purpose-built community dwelling to support the residents living here, which means that this designated centre will eventually close. Notwithstanding, the centre was large, spacious and decorated to a good standard. The residents' bedrooms were spacious, well laid out and included ample storage to keep their personal belongings. The rooms were personalised with some of the residents' personal items, like family photos and football memorabilia of the residents' favourite football teams. Each bedroom had a television, and some of the residents like to spend some time in their rooms watching their favourite programmes or football matches.

The dining/living room was divided so as to create a homely feel, and there were nice touches in the dining area to create a nice atmosphere such as flowers and table mats on the dining room table. Since the last inspection, a new kitchen had been installed and all meals were now prepared in the designated centre. Up to this, the meals had been provided primarily from a large industrial kitchen on the campus. Now, residents were able to smell, observe and participate in preparing and cooking their own meals. Some of the residents had specific dietary needs and the inspector observed that staff were aware of these and took time to ensure that residents' food was prepared in a way that was relevant to their assessed needs. Some residents also required supervision, support and time to eat their meals, and the inspector observed staff adhering to this over the course of the inspection.

Outside the kitchen there was a small coffee dock where residents could have coffee, lattes, minerals, drinks or some snacks. Following an audit of the centre in December 2023, it had been recommended to review the premises in terms of accessibility for residents. While staff and the person in charge stated that this had been completed, there was no formal report conducted on this. This needed to be addressed.

The inspector got to meet all of the residents and spent some time talking to two of them regarding what it was like living in the centre. The inspector also spoke to

staff, the person in charge and the director of care and support. A sample of records was also reviewed pertaining to the residents' care and support and the governance and management of the centre.

Two residents who had transitioned to the centre since the last inspection spoke to the inspector. One resident had been supported by an assisted decision-making coordinator who is employed in the organisation to support residents with decisions and to educate and support staff. This coordinator had supported the resident to choose where they wanted to live after their health had declined.

Both residents spoken with said they liked living in the centre, they liked the staff and talked about some of the things they liked to do since moving in. They were supported to maintain links with their friends, and on the day of the inspection one had gone out shopping for a friend's birthday that they were attending at the weekend. This resident had also wanted to get some guinea pigs to look after and since moving to the centre had gotten two. They said they enjoyed the food and liked the fact that they could have a whiskey or Guinness from the coffee dock whenever they fancied one.

The other resident that had moved to the centre was also supported to maintain family contact. They had recently celebrated their birthday and family had been invited. The resident was still enjoying looking at the balloons they had for their party and told the inspector about the cake they had gotten to celebrate.

As part of the provider's annual review for the centre, they had sought the views of residents and family representatives about the services provided. Overall this feedback was very positive, with family representatives stating that it was an 'excellent service'. Prior to the inspection, the residents with the support of staff and their family representatives completed questionnaires about whether they were happy with the services provided. Overall, the feedback was very positive from these. Residents did not report any concerns to staff, they stated they were happy with the food provided, with their rooms and the level of choice they had in the centre. Family representatives were also very happy with the services provided. Of those that completed the questionnaire, they said that staff were very helpful, kept them informed about their family member and that staff were excellent at supporting residents to meet with family outside the centre.

A review of residents' records also confirmed that the residents had meaningful lives and had plans for the coming year to achieve more goals. In-house activities included reflexology, music therapy, baking, watching movies, and minding the guinea pigs, and one resident loved to spend time in their room looking out at nature and the birds. A new projector had been purchased to enable residents to enjoy some movement-activated sensory sounds and pictures. Another resident was collecting all of the empty plastic bottles to return them in order to earn some money. This resident told the inspector that they were looking forward to spending their money in their favourite clothes shop and fast food shop.

Over the course of the two days the residents were involved in various activities in the community and on the campus. Residents were observed going out for walks,

engaged in baking, going out on community outings and some were outside enjoying the good weather.

Weekly residents' meetings were held to talk about things that were happening in the centre. Residents were also made aware of how to make a complaint. A review of some complaints recorded in the centre showed that staff had supported residents to make complaints about the care and support provided. For example; three residents had raised a concern about the impact that another resident's behaviour had on these residents' lives. The residents had been met by the assisted decision-making coordinator to discuss their concerns, and actions had been taken to address them. At the time of this inspection this was no longer an issue in the centre. The records also indicated that the residents were satisfied with the outcome of a complaint. Some improvements were required in one complaint as it did not include whether residents were satisfied with the outcome.

Five compliments were also recorded in the compliments and complaints folder from family members about the quality of care provided. One family representative thanked the staff team for all the efforts and planning to support a resident to celebrate their birthday.

Overall, while the inspector found that residents here were supported in having meaningful lives and that there were supports in place to meet the residents' health and emotional needs, improvements were required in some of the regulations inspected against, in particular medicine management practices.

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 care and support provided to the residents.

Capacity and capability

There was a defined management structure in the centre led by a full-time person in charge. Improvements were required in staffing, records stored, the premises, healthcare and protection. As a result of these findings, the inspector found that the governance and management systems to include the oversight of audits and actions from management meetings required some improvements to ensure a safe, quality service to the residents living here.

As stated, this inspection was announced following the registered provider's application to renew the registration of the centre. The inspector found that the governance and management structures in the centre required improvements given the findings of this inspection. For example, the audit in place for medicine management practices was not comprehensive enough to review the type and number of medicines stored in this centre.

The staffing arrangements in the centre were sufficient to meet the needs of the residents on the day of the inspection, however, there had been additional roles and responsibilities assigned to staff since the last inspection and the provider had not fully reviewed the implications this may have on the quality of care being provided in the centre even though staff had raised it as a concern.

The training records reviewed in the centre were not all available on the day of the inspection. Of the records reviewed, the inspector was assured that staff had completed training in manual handling and feeding, eating and drinking which were some of the core needs of the residents living here.

There are certain records required to be maintained in the centre that are outlined in the regulations. The inspector found that some improvements were required in this. For example, as mentioned the training records were not all available on the day of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre as required under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Overall, from the sample of rosters viewed, the inspector found that the staffing levels in the centre were consistently maintained. However, since the last inspection, the staff were assigned more duties in relation to cooking and laundry and there had been changes to the number of residents being supported in the centre. The staff stated that they had raised concerns to the management team in relation to this. The inspector spoke to the person in charge, director of care and support (If this is one person, then 'person in charge (director of care and support)'; if two people, then 'person in charge and director of care and support') about this review. The inspector was informed that an additional household staff had been employed to support the staff team. However, the household staff employed was not assigned any tasks relating to cooking and only did some laundry tasks. The inspector therefore was not assured that this solution addressed the concerns that staff had raised. In addition to this, a recurring theme from audits conducted in the centre related to improvements in goals and activities for residents; the additional roles assigned to staff and the time it took staff to do these tasks may have been impacting these. This required review.

At the time of the inspection, the statement of purpose for the centre indicated that there should be six staff on duty during the day and three staff on at night time.

This was the same staff ratio at the time of the last inspection. Planned and actual rotas were in place and a review of a sample of six weeks rotas from January to May 2024 showed that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents each day.

There was one staff vacancy at the time of the inspection and some other staff were on unplanned leave. In order to ensure consistency of care, two to three regular on-call staff were available to ensure that residents had consistent care provided to them.

A senior manager was on call 24 hours a day to support staff and offer guidance and assistance if required.

Over the course of the inspection, the inspector spoke to a number of staff about different aspects of the care and support being provided to the residents. Staff spoken to were knowledgeable around the residents' needs and were observed to be caring, respectful and responsive to the residents.

A sample of staff personnel files were reviewed at an earlier date to this inspection by the Health Information and Quality Authority and were found to contain the requirements of the regulations. For example, references had been provided from previous employers prior to a staff member commencing employment and Garda vetting had been completed.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix for the centre was not available on the day of the inspection due to a computer programming issues. This meant the inspector reviewed a sample of training certificates for a sample of staff. These training certificates did not include some of the training provided, such a basic life support, challenging behaviour and fire safety training. Of the records viewed staff had completed training in:

- Manual Handling
- Feeding, eating and drinking and swallowing difficulties
- Infection prevention and control
- Safeguarding vulnerable adults
- Human rights
- Communication.

And some staff had completed training in

- End of life care
- Dementia
- Epilepsy.

The person in charge completed supervision with staff. A sample of six staff's supervision records over the last year showed that staff had been provided with supervision where they were able to raise concerns and where their training needs were discussed.

Judgment: Compliant

Regulation 21: Records

Under the regulations certain records are required to be available in the centre to include training records. However, the complete training records for staff were not available on the day of the inspection due to computer programming issues. This meant that the inspector only reviewed a sample of training certificates for staff and could not verify if all required training was up to date.

In addition, one complaint did not include the details and actions taken by the registered provider in relation to a complaint by a resident.

The inspector also found that some of the supervision records on file had not been signed by the staff member.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as part of their application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which included a person in charge who reported to the director of care and support. The registered provider had systems in place to review and audit the care and supported being provided in the centre. This included an unannounced quality and safety review and an annual review for 2023. Both of these reviews are required to be completed under the regulations.

The registered provider also had systems in place to ensure that residents were protected from potential incidents of financial abuse. For example, audits were

conducted on residents' personal finance records to ensure accuracy. This audit was conducted in March 2024 and showed that no discrepancies were noted in the amounts of monies stored. However, a minor improvement was required to ensure that one resident's bank statement was signed. This was completed when followed up by the inspector. Other audits conducted included fire safety, medicine management and restrictive practices.

Following a six-monthly unannounced review of the centre in December 2023 it had been recommended to review the premises in terms of accessibility for residents. While staff and the person in charge stated that this had been completed, there was no formal report conducted on this to provide assurances around this.

Regular staff meetings were held with the person in charge and the director of care and support to review the care and support provided. Actions were formulated from these reviews to ensure that they were followed up. However, these were not all followed up at every meeting and it was difficult to confirm if they had been addressed. For example, an issue raised in relation to staff practices regarding personal plans had been identified in the minutes of a meeting and it was not clear how this was followed up.

As identified under medicine management practices, significant improvements were required to these practices. The medicine audit system in place was not comprehensive enough given the types of medicines stored in this centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector which met the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. Some minor improvements were required to ensure that the management structure in the centre reflected the actual practices, however, this was addressed by the end of the inspection.

Judgment: Compliant

Regulation 30: Volunteers

At the time of the inspection, there were no volunteers employed in the designated centre. The registered provider had a policy in place regarding volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of a sample of incidents that occurred in the centre, informed the inspector that the chief inspector had been notified as required under the regulations.

Judgment: Compliant

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

There were arrangements set out by the provider should the person in charge be absent from the centre for more than 28 days. The registered provider was aware of the legal requirement to inform the chief inspector should this occur.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. An easy to read version of this policy was available for residents.

Where a complaint had been raised, it had been responded to and actions had been taken to address the concern. For example; as already mentioned earlier in the report three residents had raised a concern about the impact that another residents behaviour had on these residents lives which was acted on. Family members had made a complaint about the telephone in the centre and this had also been resolved.

The complaints viewed also showed that the complainant was satisfied with the outcome of the complaint with the exception of one which was actioned under records as the inspector was assured that it had been addressed.

There were no complaints open at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, the residents looked well cared for in this centre and they were supported to have meaningful days in line with their personal preferences. The emotional and healthcare needs of residents were being met. However, improvements were required to an end-of-life plan in place for one resident. Minor improvements were also required in protection and premises, with significant improvements required in medicine management practices to ensure a safe service was provided to the residents living there.

The inspector observed some of the medicine management practices in the centre and found a number of areas that required improvements in relation to the administration and recording of medicines.

Each resident had a personal plan detailing their assessed health and emotional needs. Support plans were in place to guide practice for staff and ensure that residents were provided with effective care. Some plans relating to dementia care needed more detail and one end-of-life care plan required review to ensure that the will and preference of the resident was included in decisions made.

The premises were for the most part clean and well maintained. However, a window and window sill in the clinic room required attention and the maintenance records for equipment stored in the centre required review.

All staff had been provided with training in safeguarding adults against abuse. However, there was no evidence to demonstrate how one safeguarding issue was being supervised and managed by the person in charge and the director of care and support. This required review.

There were systems in place to manage fire safely. This included fire safety equipment to contain or manage an outbreak of fire in the centre.

The registered provider had systems in place to manage risk which included a process for reporting high-risk situations in the centre to senior personnel.

Regulation 11: Visits

The registered provider had a policy in place for visitors in the centre. Residents were supported to have visitors any time and there were areas in the centre where residents could meet their visitors in private.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to maintain links with their local community and their family and friends in line with their assessed needs and their preferences. For example, due to the needs of the residents, some planned activities did not go ahead because they may not have felt up to it on the day it was planned.

The registered provider's own auditing system had highlighted that some improvements were required to residents' goals and meaningful activities in the centre. This was still being addressed at the time of the inspection.

The inspector observed that, since the last inspection, there had been significant improvements in the level of activities available for residents, both inside the centre and outside the centre. Over the course of the two days, residents were observed going out for walks, out shopping, for lunch, baking, sitting out in the sun, or helping staff prepare dinner.

A review of residents' personal plans also showed that residents had been developing goals in keeping with their personal preferences. For example, one resident who liked animals had purchased two guinea pigs. Another resident had been on a family holiday and another had visited the Christmas markets last year. Residents celebrated significant birthdays and other events. One resident showed the inspector some pictures of family members important to them, some of whom had visited the centre for a birthday party celebration.

In-house activities included reflexology, music therapy, baking, watching movies, and minding the guinea pigs, and one resident loved to spend time in their room looking out at nature and the birds. A new projector had been purchased to enable residents to enjoy some movement-activated sensory sounds and pictures. Another resident was collecting all of the empty plastic bottles to return them in order to earn some money. This resident told the inspector that they were looking forward to spending their money in their favourite clothes shop and takeaway.

Judgment: Compliant

Regulation 17: Premises

The centre was large, spacious, and decorated to a good standard. The residents' bedrooms were spacious, well laid out and included ample storage for residents to keep their personal belongings. Residents had their own bedrooms, which were personalised, and each bedroom had a television and ample storage facilities. The dining room/living room was divided so as to create a homely feel, and there were nice touches in the dining area to create a nice atmosphere, such as flowers and table mats on the dining room table.

Since the last inspection, a new kitchen had been installed and all meals were now being prepared in the designated centre. The laundry room had been remodelled and was not in keeping with a more homely feel as opposed to an institutional feel.

Outside the kitchen there was a small coffee dock where residents could have coffee, lattes, minerals, drinks or some snacks. Following an audit of the centre in December 2023 it had been recommended to review the premises in terms of accessibility for residents. While staff and the person in charge stated that this had been completed, there was no formal report on this.

The centre was generally very clean. However, the window and window sill in the clinic room were dusty and the paint on the window sill was cracked and peeling. This had been actioned at previous inspections and audits of the centre, however the actions taken by the provider to date did not fully resolve the issues in the long term and therefore warranted further review.

There was a folder containing all of the maintenance records for equipment stored in the centre. However, the way these were maintained did not provide assurances that all equipment was maintained or highlight when it needed to be serviced again. For example, there was no service record available in the centre on the day of the inspection to confirm whether a defibrillator machine had been serviced. The person in charge followed this up with the maintenance department, who sent confirmation of this to the inspector. However, in order to ensure oversight by the person in charge on an ongoing basis, the management of these records needed to be reviewed. In addition to this, one of the buses used in the centre needed to be cleaned on the day of the inspection. The oversight of this needed to be improved to ensure whoever was responsible would be maintaining the cleanliness of the bus when required.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Since the last inspection, the kitchen had been remodelled and all residents' meals were being prepared in the designated centre. The inspector observed that residents were provided with wholesome and nutritious foods that residents got to choose. Staff were familiar with the residents' food preferences or allergies they may have. For example, soya milk and soya-based desserts and yogurts were available for a resident who had allergies.

The food being prepared was consistent with the residents' individual dietary needs. Support plans and guidance from a dietician and a speech and language therapist were contained in residents' personal plans, which outlined specific needs. The staff team were observed implementing this guidance. For example, most of the residents required supervision when having their meals and the inspector observed this on inspection.

As stated, there was also a coffee dock available where residents could choose from their favourite drinks and snacks throughout the day.

Overall, the inspector was assured that residents who required assistance with

eating and or drinking were supported and supervised by staff where required. Residents had access to adequate quantities of food and drinks.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to oversee and manage risk in the centre. There was a centre specific risk register and risk assessments outlining how risks were managed in the centre. Control measures were outlined in the risk assessments to show how the risks were being managed. If the control measures were not effective and a risk was rated as a medium to high risk, then this was escalated to senior managers.

Individual risk assessments were also in place for each resident where required. These risk assessments had been reviewed recently. Where an adverse event occurred in the centre, it was reviewed by the person in charge.

The transport provided in the centre had up to date roadworthy certificates in place and were insured.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm, fire extinguishers and fire blankets. For example; the fire alarm and emergency lighting had been serviced in March 2024. The fire alarm was zoned and there was a clear plan displayed beside the panel to indicate where the potential fire was.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. Fire exits were checked on a daily basis and the fire alarm was checked weekly to ensure it was working and fire doors were

activated. A review of a sample of these records showed that staff were completing these checks.

Residents had personal emergency evacuation plans in place outlining the supports they required. The fire evacuation plan consisted of a horizontal evacuation of the centre. Two staff spoken to were very knowledgeable about this plan and the supports the residents required. For example; they were able to demonstrate how some evacuation aids such as ski sheets were used.

Staff were provided with training/refresher training in fire safety and as part of the induction process to the centre, information was also provided around the specific support needs of the residents with all new staff. Staff spoken to also informed the inspector that on-site training had been provided to go through the evacuation plans in detail.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records reviewed showed that these were taking place in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy in place for the safe administration, storage and disposal of medicines. This policy outlined specific arrangements in place to administer some specialised medicines. For example, two people were required to witness the administration of the medicines at all times. This was not always adhered to in the centre, particularly at night time when there was only one nurse on duty. As an example, records for one week showed that the medicine had only be administered by one staff on four different occasions.

The registered provider also had a system in place to reconcile medicines to ensure that the medicines stored were an accurate reflection of what should be in place. However, on the first day of the inspection, two residents' records were reviewed. One of the records showed that there were two tablets not accounted for in the stock retained. This medicine was a sedative medicine and it could not be established from the records if this medicine had reached the resident for whom the medicine was prescribed or why this anomaly had occurred. The registered provider started to investigate this at the inspection.

Two staff went through some of the medicine management practices in the centre on the first day of the inspection. These staff were very knowledgeable around the medicine prescribed to the residents, why it was prescribed and the dosages prescribed. They also went through the practice in relation to reconciling medicines that were delivered to the centre and how staff checked that the medicines delivered were correct. However, from talking to staff, this was completed on an ad hoc basis, meaning that if residents required support during the times the medicines

were being checked, staff would have to leave checking the medicine until later. This needed to be addressed so that staff had protected time to do this effectively.

In addition to this, some of the prescribed medicines did not include a date of when they were opened. This is not good practice, as some creams prescribed can lose their effectiveness if they are opened for longer than the recommended times outlined by the manufacturer of the products.

The inspector also reviewed adverse events relating to the administration of medicines. Since the beginning of the year, two had been reported. The details of the review following one of these incidents was not available in the centre on the first day of the inspection. On the second day of the inspection, this was made available to the inspector. This showed that no significant concerns were noted, but outlined that some actions needed to be taken to improve practice. However, when some of these actions were followed up on by the inspector, they were poorly documented to ensure that the improvements had been implemented. The inspector also found that, despite the fact that two adverse incidents had occurred, a medicine audit had not been conducted to ensure that practices were in line with best practice.

The registered provider also had a policy and procedure in relation to transcribing medicines to a kardex. The inspector found that this had not been followed in relation to some medicines prescribed to one resident for the management of pain and discomfort. This needed to be addressed. In addition to this, while the registered provider's policy stated that when medicines were transcribed, this should be checked and verified by two staff members for accuracy, there was no record verifying who had checked the medicines transcribed and the date of when they were transcribed.

On the second day of the inspection, a person nominated by the provider attended the centre to review and audit some of the practices. For example, they conducted a review of all residents' medicines to ensure that the amount of medicine stored was accurate. The auditor found no other anomalies in the medicines stored. This provided some assurances to the inspector. The provider was developing a more advanced audit tool for this centre in relation to medicine management practices. This audit would be conducted over the next two days following the inspection to ensure that any learning required would be implemented going forward.

Judgment: Not compliant

Regulation 6: Health care

Improvements were required to some of the records contained in the residents health care records in relation to the residents' assessed needs and plans in place to support the residents. For example; it was recorded that a resident was in different stages of dementia in different areas of their care plan. Care plans in place to guide

practice in relation to dementia care needed to include more detail to reflect the practices in the centre.

An end of life decision for a resident required improvement as there was no evidence to show who had supported them in the decisions made regarding their care.

Notwithstanding; residents were being supported with their health care related needs and had timely access to a range of allied healthcare professionals, to include:

- Occupational Therapist
- Physiotherapist
- Speech and Language Therapist
- Positive Behaviour Support Specialist
- Consultant Psychiatrist
- General practitioner (GP)
- Dentist
- Chiropodist
- Optician.

Additionally, each resident had a health care plan in place so as to inform and guide practice about their assessed needs.The staff were knowledgeable when asked about some of the residents healthcare needs. For example; staff explained the current pain management plan for one resident.

Residents had also been supported to access national health screening services in line with their age and health profile.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Since last year a number of potential safeguarding concerns had been reported to HIQA from this centre. The inspector found that the person in charge and the registered provider had reported them to the relevant authorities and had taken steps to address the issues raised for the most part.

However, there was no evidence to demonstrate how one safeguarding issue was being supervised and managed by the person in charge and the director of care and support. This was discussed with the person in charge and the director of care and support at the feedback meeting.

Staff were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents reported in their questionnaires that they felt

safe living there.The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- staff spoken to said they had no concerns about the quality and safety of care
- the concept of safeguarding was discussed at staff and residents meetings and safeguarding plans were reviewed at staff meetings
- there were no open complaints that related to safeguarding concerns in the centre at the time of this inspection.

Residents had intimate care plans in place outlining the care and support they required. A sample of two plans showed that they were detailed; but one did not include the safeguarding measures in place to ensure that intimate care was provided to the resident in a manner that respected their wishes.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Notwithstanding the improvements required in the regulations on this inspection, the inspector observed examples of how residents were supported to exercise their rights. This included:

- residents being supported by an assisted decision making coordinator to make decisions about their lives. One example on inspection showed how a resident was able to make an informed decision about where they wanted to live. The resident informed the inspector that they liked living there
- residents were now involved in making decisions about what they had for meals since a new kitchen had been installed and meals were no longer provided from a centralised kitchen
- residents meetings were held to talk about things that were happening in the centre and keep residents informed
- education and easy to read documents were available for residents about their rights.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitmore Lodge OSV-0005811

Inspection ID: MON-0034691

Date of inspection: 21/05/2024 and 22/05/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A staffing review was conducted prior to the implementation of Roster changes on 30/01/2023, in preparation for moving to the community model of cooking and providing laundry services within the DC, there was additional resource of 6.5 hrs added to the staffing compliment daily. There was an additional housekeeping staff added to ensure there is housekeeping support available across the week. In the DC there is now staff identified at handover to provide for the different roles required throughout the day, with individual staff identified to support residents with activities of living and goal acquisition and other staff members involved in the running of the home, cooking etc.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Up to date Training Matrix available in the DC Complaint re staffing 20/09/2023 closed 03/10/2023 All supervisions have now been signed A log has been added to the equipment folder to show dates of last service of equipment	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The occupational Therapist will carry out an OT assessment on July 1st 2024 to assess accessibility for resident in relation to the door between the main living area and the coffee dock / kitchen.

DC meetings will be more detailed in relation to follow up to actions in each meeting

Medication audits - The medicine audit system in place has been reviewed. Monthly medication audits will be carried out in the DC with added focus to reconciliation of medication stock against medication administered.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The occupational Therapist will carry out an OT assessment on July 1st 2024 to assess accessibility for resident in relation to the door between the main living area and the coffee dock / kitchen.

The window sill in the clinical room and staff office have been renovated with a PVC material

Seats in the back of the Peugeot transport have been replaced with a leatherette material. Weekly check of transport by the PIC commenced 24/06/2024. Record of checks will be maintained in the transport folder for each vehicle

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Health care staff will witness and sign the CD register when controlled drugs are administered and a 2nd nurse is not available. A second signature bank will be maintained for care staff witnessing the administration of controlled medication.

On delivery (Every 2nd Friday) protected time has been allocated on for stock checks and for storing away stock delivery. This will be done behind a locked door and the nurse is solely assigned to this task.
During stock check, the expiry date on stored medication is to be checked and out of date medication or medication / treatments no longer in use are to be returned to the pharmacy that day.

Transcribing – now on the footer on PRN side of the Kardex. Transcribed by, witnessed by, signature and date included.

A medicine audit will be conducted following all medication variances to ensure that practices are in line with best practice.

A review and education session was carried out on 29/05/2024 with all nurses in the DC to review and share learning from the audits and reviews carried out 22/05/24-27/05/24

PIC and CNS audited medication on 24th June 2024. Monthly medication audits will be conducted in the DC

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
End of life decision documents have been revised to capture the residents and their family's involvement in decisions made. The assisted decision coordinator is supporting the resident with end-of-life decision making

Dementia plans of care have been reviewed and will be revised to reflect resident's current support needs and will and preference. CNS in dementia care will support the revision of this document.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Safeguarding issue has been concluded. Any future safeguarding concerns relating to staff will be documented in the DC meeting minutes, as to the nature of the safeguarding concern and the support / supervision required in each individual case.

Intimate care plan has been updated to reflect resident's preferences.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	27/06/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	27/06/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by	Substantially Compliant	Yellow	27/06/2024

	residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	27/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	08/07/2024
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Not Compliant	Orange	27/06/2024

	receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	27/06/2024
Regulation 06(2)(e)	The person in charge shall ensure that residents are supported to access appropriate health information both within the residential service and as available within the wider community.	Substantially Compliant	Yellow	08/07/2024
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of	Substantially Compliant	Yellow	08/07/2024

	illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	27/06/2024
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	27/06/2024