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:	Sylvie Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	24 June 2024
Centre ID:	OSV-0008109
Fieldwork ID:	MON-0035299

About the designated centre

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

Sylvie Lodge can provide long-term residential care for up to four adults with mild to moderate intellectual, physical and medical challenges. The service is available to adults, both male and female, of 18 years and over. Sylvie Lodge can also support people who may require general care supports, including assistance with needs associated with personal hygiene, toileting and continence, mobility, nutrition and hydration. Sylvie Lodge is a modern and fully functional single storey bungalow located on a mature scenic property close to the amenities of a busy town. Residents are supported by a staff team that includes healthcare assistants and social care workers, who are present in the centre both during the day and at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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
Monday 24 June 2024	10:00hrs to 17:45hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Sylvia Lodge is registered to provide full time residential care to four residents. On the day of inspection there were two residents living in the centre. This announced inspection was carried out as part of the Chief Inspector's regulatory monitoring of the centre and to assist with assessing whether this centre was suitable for renewal of registration. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The registered provider, Communicare Agency Ltd., had applied to renew the registration of this centre as it expires on 9 December 2024. In preparation for this inspection the inspector contacted the person in charge in advance of the inspection to discuss arrangements to best facilitate residents on the day of inspection. The inspector reviewed all information the authority had regarding this centre. This included previous inspection reports, and notifications about certain events that had occurred in the centre that the provider and person charge have to submit as part of the regulatory process. The inspector met with the two residents, the person in charge and one staff member. The inspector also observed practices and interaction of staff with residents and reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. Residents told the inspector that they were happy living in the centre. Residents were encouraged by staff to be as independent as possible by assisting them to gain independent skills and employment, and they were attending courses to build on their independent skills. Residents had control of their own money and bought their own food shopping and cooked all their own meals except on a Sunday when staff cooked the Sunday dinner and they have a group meal.

There was a homely and relaxed atmosphere in the centre where staff had time to sit and chat with residents. Both residents were attending local training centres and were doing courses to enhance their independent and social skills. Residents said that staff were very good and if you had a problem they would listen to you and help you sort it out. Staff had completed human rights training and were aware of the importance of ensuring the rights of the residents were upheld.The centre provided a comfortable home to residents and was homely clean, bright and spacious. The layout was open plan in design with a kitchen cum dining and sitting area. An additional sitting room and other private area was available to residents and each resident was provided with their own bedroom. There was ramped access to the back door and the grounds to the back were well maintained, however the drive to the front had loose gravel and was hard to walk on and the paint on the external of the house was faded and peeling in places. When the inspector arrived at the centre one resident was present and one resident was at their training course. A new person in charge had been recently recruited and was available in the centre when the inspector arrived and facilitated the inspection. Staff were observed to be interacting positively with the residents and had lunch with them at the kitchen table. In the early evening when the second resident returned from their course both residents were seen to be relaxing on the sofa chatting with staff.

Transport was available to this centre to support residents to attend their training courses and day services and other activities of their choice. Residents told the inspector that they had no complaints and were very happy with their accommodation. Residents said they were facilitated by staff to attend activities of their choice which included, swimming, baking, eating out, walking and going to the cinema. Residents were satisfied with the care and support they provided to them and described how staff respected their rights to privacy, dignity and autonomy. They said staff were helpful and they could talk to them at any time. They also got on well with each other. Residents had good contact with their families and the mother of one of the residents attended the centre weekly. The resident told the inspector they can make their Mother tea or lunch in the centre. The other resident visited their Mother weekly and was independently using public transport to go and see their Mother. Residents were aware of the fire safety precautions and of the evacuation procedures.

Residents had not completed any of the questionnaires sent to them by the office of the Chief Inspector in advance of the inspection and had told staff they would prefer wait and speak to the inspector. Both residents met individually with the inspector.

In summary from listening to the residents' views, what the inspector observed, reviewing documentation and the good level of compliance with the regulations found on inspection the inspector found that residents were receiving a good, safe service.

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

Overall the inspector found that the overall management and governance systems in place ensured that a safe service was provided to residents. A review of current auditing systems is required to ensure that they are effective and that any deficits identified are addressed. This is discussed further under Regulation 23: Governance and Management. A new person in charge was recently appointed. This is a full-time post and the person in charge is responsible for this centre only. They facilitated the inspection and were found to be knowledgeable regarding the needs of residents. A clear structure of reporting obligations was in place. The monitoring and oversight of the centre was completed by the person in charge in consultation with their supervisor who was a named person participating in management (PPIM) for the centre and part of the senior management team. The person in charge was supported by a team leader who had recently been appointed. All staff had completed all other required mandatory training to include managing behaviour that is challenging, fire safety and safeguarding. Additional training specific to the needs

of residents, for example, first aid training, hand hygiene, dignity at work and safe administration of medication had been completed by staff. This ensured that staff had the skills and competencies to support residents with their assessed needs. This centre was adequately resourced to ensure the effective delivery of a person-centred safe service to residents on the day of inspection. At the time of this inspection there were two staff on duty until 17:00 hrs and one staff post 17:00hrs. A waking night staff was available. On review of the staff rota this was the usual staffing levels. Supervision occurred monthly and the person in charge was available daily in the centre. A planned auditing calendar was in place with regular auditing undertaken by the person in charge. Audits undertaken included health and safety, medication management and infection prevention and control.

Six monthly unannounced visits of the centre were being completed by the provider as these are mandatory as part of the governance and management of the centre by the provider. The most recent one was carried out on the 30 May 2024. While a quality improvement plan had been completed post this review it was difficult to track completion of actions identified as while timelines had expired there was no narrative to support what actions had been undertaken and whether these actions had been completed. Monthly staff meetings were occurring. Discussions at these meetings included medication safety and risk assessments. Meetings with persons in charge from three centres were occurring monthly. These meetings offered support and education to persons in charge on any recent changes. The provider had ensured that all mandatory polices were in place and had been reviewed at three yearly intervals. Additional policies specific to the centre were in place to guide and support staff in safe quality care.

Registration Regulation 5: Application for registration or renewal of registration

Post submission of the application to register the provider was requested to submit further information. The provider has now submitted all of the required information.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff on duty during the inspection to meet the assessed needs of residents. From a review of the rota over a three week period the inspector found that the staffing levels on the day of inspection were similar to those reflected in the rota. Generally there were two staff up to 17:00 hrs, and one staff in the evening and one waking staff on night duty. The staff rota was well maintained and reflected the staffing levels described and observed.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix indicated there was a range of training available for staff to undertake. Staff were supported by the provider to attend training. According to the training records reviewed, the staff had the skills and knowledge to support the residents. All mandatory training was up to date which included fire safety training, managing behaviour that is challenging, and safeguarding vulnerable adults. This supported staff with developing their understanding and competences to support residents with their assessed needs. The person in charge told the inspector that they completed supervision monthly. They had a schedule developed for dates for all current staff. The meant that staff were being supported in their roles as well as identifying areas for personal development. Staff had completed additional training specific to the needs of residents, for example first aid, dignity at work, manual and people handling and safe administration of medication.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed by the inspector and found to be accurate, up to date and in compliance with the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance which was in compliance with the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. While management systems were in place to ensure that the service provided was appropriate to the needs of residents,

further consideration was required to ensure the auditing programme was effective and where deficits were identified or improvements were suggested, a quality improvement plan was put in place to address these. For example, it was stated 'continue to complete a quality control audit assessment to monitor and audit our compliance in the area of safeguarding annually' but on discussing this with the person in charge and asking whether this occurred or how this was planned they were not aware, consequently it was difficult to assess how this was to be progressed. Additionally the annual review was not dated as to when it was completed, an action was documented to develop an easy to read statement of purpose but on discussing this with the person in charge at the time of this inspection, this had not been completed. An auditing schedule was in place which included medication audits, health and safety audits.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in compliance with regulation 3, and Schedule 1 of the regulations. .

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records with the person in charge the inspector was assured that the provider had submitted the required notifications to the Chief Inspector.

Judgment: Compliant

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

The provider is aware of their responsibility to notify the Chief Inspector in writing, where the person in charge proposed to be absent from the designated centre for 28 days or more.

Judgment: Compliant

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

Where a notification has been required due to the absence of the person in charge the provider has submitted the required notification.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The policy outlined the processes for managing and investigating complaints. Information on complaints and advocacy services were available in an easy-to-read written format. Residents told the inspector that they had no complaints, but were aware of the policy and how to make a complaint.

Judgment: Compliant

Quality and safety

The inspector found that this was a good centre which provided a safe service to residents. Areas that required review included the completion of fire drills to ensure that these better reflected the scenario undertaken and were carried out at times when there was the least amount of staff on duty that is night time hours. This is discussed further under Regulation 28: fire precautions. Additionally the drive to the front had loose gravel and was hard to walk on and the paint on the external of the house was faded and peeling in places. This is discussed further under Regulation 17: Premises.There was a positive culture of enablement and ensuring the voice of the resident was listened to and acted upon by staff. Both residents were attending courses that supported independent living. Areas of development through specific residents' chosen goals included personal development, education and self-directed

living. One resident collected their own medication from the pharmacy and was self-administrating their medication. Residents spoke positively about the care and support they received from staff and told the inspector that they were very content and happy living in the centre. Consultation with residents was evident in minutes of the residents' meetings and their needs were being met through good access to meaningful activities both in the centre and in the community. Residents were consulted with, and listened to, regarding the running of the centre and told the inspector they decided on trips. Residents' meetings were held, and residents told the inspector these meetings occurred and they enjoyed deciding on the menus for the week and activities they planned on attending. A clear structure of reporting obligations was in place and staff respected their choices.

A review of residents' personal plans confirmed that residents chose their goals and personal plans were in place detailing residents' goals. These were reviewed. Personal plans were person-centred and reflected what residents told the inspector. For example; going on holiday, moving back to a centre that was more closely located to family. Residents' health care needs were assessed and plans of care were developed to guide the management of these needs. There was evidence of very good access to mental health services. Residents had access to multi-disciplinary supports as required. One resident had a positive behaviour support plan in place at the time of the inspection. This was comprehensive and up to date. There was evidence of discussion with the residents of strategies which would be enacted as required.

Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. In addition, residents spoken with told the inspector that they were happy living with each other and if they had any concerns that said that they were aware of what to do. Staff completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person-centred way while respecting their dignity, respect and autonomy. There were systems in place to ensure risks were identified, assessed and managed within the centre. Individual risk assessments were in place for all residents, that included individual risks such as slips, trips and falls. Residents had personal emergency evacuation plans (PEEPS). These were resident specific to ensure the safety of each resident. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire safety training.

Regulation 17: Premises

The centre comprised a large bungalow located on the outskirts of a busy town close to many amenities and services, such as shops, public transport links, and the residents' education programmes. The premises were observed to be clean, homely, and well furnished. There was also a large rear garden with flowers, a lawned area and parking area.

The drive to the front had loose gravel and was hard to walk on and the paint on the external of the house was faded and peeling in places.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A comprehensive fire safety management system was in place which included arrangements to detect, contain and extinguish fires and to evacuate the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which outlined the arrangements to support them to evacuate. The house was equipped with fire safety measures which included a fire alarm, fire doors, signage, emergency lighting and fire fighting equipment.

However one area that required improvement related to completion of fire drills to ensure the continual safety and protection of residents. While fire drills were occurring at suitable intervals, fire drill records did not adequately outline the scenarios under which evacuation took place including the location of residents and staff at the time of the drill, whether the PEEPS were used and if they were effective or required review, and what exit was used. This meant that it was difficult to review the effectiveness of the evacuation and make improvements if required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which reflected these needs and was reviewed annually. These plans assisted staff in the delivery of safe, quality person-centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health care professionals according to their needs and were supported to attend appointments by staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

A positive behaviour support plan was in place for one resident. This was comprehensively completed. Access to specialist supports of psychology and mental health was available. There were no restrictive practices in place in the centre.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding plans in place in the centre at the time of this inspection.. The inspector found that procedures were in place to protect residents from abuse. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to a safeguarding concern. The person in charge confirmed that all staff had Garda vetting clearance prior to commencing employment, and there was guidance in the centre for staff by way of a comprehensive safeguarding policy. Residents told the inspector if they had any concerns they would talk to one of the staff and felt that staff would help them.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents told the inspector that they could exercise their rights without restriction, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and in the running of the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The previous inspection of this centre was an unannounced inspection carried out on the 6 October 2022, to monitor the provider's arrangements for infection prevention and control in the centre. The action from this inspection had been

completed.
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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 27: Protection against infection	Compliant

Compliance Plan for Sylvie Lodge OSV-0008109

Inspection ID: MON-0035299

Date of inspection: 24/06/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review Report has been updated with date it was completed and to reflect actual dates for completion and review of actions. The Annual HSE Safeguarding Self-Auditing Tool was last completed on 12/09/2023, and next audit will be carried out by 12/09/2024 to include findings and actions plans. All competed audits have been reviewed to ensure action plans have been reviewed and or competed, signed off and dated. To ensure the robust monitoring system, the action from the internal and external audits will be reviewed at the monthly PIC audit. While current Servies in the house do not require an Easy Read Statement of Purpose, an Easy Read Version will be developed and implemented by 30/08/2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The driveway at the front, side and back of the house has been updated with Tarmac on 12/08/2024 to allow for easier walkway and wheelchair users. The full exterior of the house and exterior wall was painted on 10/07/2024	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Drill evacuation scenario records have been updated to reflect adequate and comprehensive scenario information of all aspects of the drill to include locations, Service Users and staff involved in the drill, outcomes and findings of the drill and learning opportunities found.	

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 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	12/08/2024
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	30/08/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	09/07/2024

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			