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:	Laurel Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	06 January 2023
Centre ID:	OSV-0008169
Fieldwork ID:	MON-0036369

About the designated centre

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

The provider describes Laurel Lodge as providing a residential service for adults both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern.
The designated centre is a two storey community house in a rural setting in close proximity to the nearest small town, which accommodates six residents, each having their own bedroom, four of which have en-suite bathrooms. There are two reception rooms and a kitchen/dining room. There is also a communal bathroom and separate W.C and a utility room. The centre is staffed by daytime staff and waking night staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Friday 6 January 2023	10:30hrs to 18:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to monitor on-going compliance with regulations and standards. On arrival at the centre, the inspector found that, the centre was kept clean and fresh and that current public health guidelines were being adhered to. Staff were supporting residents in their choice of morning routine, some were getting on with their day, and others were having a lie in. There were six residents living in the centre, and the inspector met four of them on the day of the inspection

The centre was spacious and bright, with various communal areas including, living areas and pleasant and spacious gardens. Each resident had their own personal bedroom, and residents were observed to be in possession of the keys to their own rooms. Each person was free to decide how they kept their personal items.

Some residents told the inspector that they were happy living in their home, and invited the inspector into their personal rooms. Residents were clearly proud of their rooms, and showed the inspector various personal items, and discussed them and their significance.

Residents were supported to have pets, and all the residents were happy about this, as was clear both by their verbal response, and their facial expressions when they spoke about their pets.

The inspector observed throughout the inspection that, staff were responsive to the needs and preferences of residents. One of the residents did not like the lunch that was presented to them, and staff immediately offered and prepared an alternative, which the resident was then seen to enjoy. They told the inspector that staff would always do this. Another resident was feeling unwell, and was resting in bed for most of the day, and repeatedly called for staff to help with something. Staff were seen to attend cheerfully on each occasion, and the resident spent the day contentedly watching the activity from their open door.

Communication was prioritised in the designated centre, and easy read information and translated information for those whose first language wasn't English was available throughout. This included daily information such as, menus and staff on duty, information about public health and a rights review process which was available to residents. Any restrictive interventions in place were clearly the least restrictive necessary to mitigate the risks, and were supportive in nature so that residents could safely engage in their chosen activities.

Residents were aware of who to approach if they had a problem or a complaint, and one of the residents told the inspector about a complaint they had made in relation to compatibility in the house, and was clearly pleased to have had this complaint respected by a written response.

The incompatibility between residents was evident, not only by this complaint from one of the residents, but also by incident recording maintained in the centre, where there were several incidents of altercations between residents. This had been recognised by both the staff team and the management team, and plans were outlined as to how the difficulty might be resolved.

Overall, whilst residents were enjoying a good quality of life for the most part, in a pleasant environment with a responsive staff team, this issue of incompatibility remained unresolved, and the process for the assessment of compatibility of potential residents had not taken into account the preferences of current residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed. This is a newly opened designated centre, and the first steps towards an annual review of the care and support offered to residents had been commenced, to include the views of residents and their representatives.

There was an appropriately qualified and experienced person in charge, and various monitoring strategies were in place. The person in charge was supported by two team leaders and a clinical nurse manager. There was clear and consistent communication with the staff team.

There was a knowledgeable and caring staff team in place who were well supported by an appropriately experienced and qualified person in charge, who in turn was supported by both an area manager and a regional manager.

There was a clear and transparent complaints procedure and residents were supported to safely make complaints. Issues raised were acknowledged and responded to, and there were plans outlined to the inspector as to how they might be resolved.

The centre was adequately resourced, and all required equipment was made available to residents.

Regulation 14: Persons in charge

There was an appropriately qualified and experienced person in charge at the time of the inspection who was a daily presence in the centre. She had clear oversight of

the centre, and was proactive in sourcing ways to improve the life of residents, for example in relation to communication. She was engaged in personal and professional development, and demonstrated an enthusiastic and caring approach.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents, some of whom had a one-to-one staff during the day. There was also a good skills mix, including a nurse on duty most days, and access to the organisation's community nursing team on other days. The staff rota had been established to ensure the optimum numbers of staff to meet the needs of residents.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, although more detailed knowledge about emergency evacuation of residents was required, as discussed under regulation 28.

Regular staff supervision conversations had been conducted, and there was a schedule in place to ensure the regularity of these conversations. A planned and actual staff roster was maintained in accordance with the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up to date, both mandatory training and training in relation to the specific needs of residents. For example the person in charge had sourced an information session in relation to specific mental health needs of some residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. Together with the person in charge there were two identified team leaders and a clinical nurse manager.

An annual review of the care and support offered to residents was not yet due as this was a new centre, and residents only began to move in nine months ago. The person in charge had begun the process of developing an annual review by soliciting

the views of both residents and their representatives.

The first required six monthly review on behalf of the provider had been conducted, and a suite of audits had been undertaken by the person in charge. In addition, a process whereby persons in charge audit each other's centres on a quarterly basis had been introduced.

Monthly audits included audits of individual supports including the effectiveness of person centred plans, safe services and health and safety, the latter of which examined medication, transport and maintenance of the centre. A sample of required actions arising from these audits was reviewed by the inspector, and all had been either completed, or were in progress in accordance with the identified timeframes.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and pertinent to the needs of residents, and the person in charge had ensured that all staff were involved in these meetings.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place, residents were aware of the process and knew how to make a complaint. Whilst a recent complaint had not been resolved, the resident was pleased that they had received both an informal and a formal response and was satisfied that it was being taken seriously, and that it was under consideration by the management team. It was clear that the resident who made the complaint was not adversely affected by reason of the complaint having been made, in accordance with the regulations, and that they were supported by the staff team with their on-going difficulty.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 of the regulations were in place. they had been reviewed within the required timeframe, and those reviewed by the inspector were evidence based and gave clear guidance to staff.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs met. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed.

Communication with residents had been prioritised, particularly where residents had difficulty in this area, and effective communication was observed through the course of the inspection.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety was appropriate, although some staff had not been involved in practical fire drills.

Both risk management and infection prevention and control were appropriate, and it was clear that all efforts were in place to ensure the safety and comfort of residents.

Regulation 10: Communication

Communication with residents was given high priority in the designated centre. Most residents communicated verbally, and were observed to be having chats and conversations with staff. There were various items of easy read information made available to aid understanding, and social stories were in use to assist with explanations, for example, in relation to public health guidelines and vaccinations.

Where residents did not have English as their first language, great efforts had been made to facilitate communication, from a recruitment drive to identify staff who spoke the same language, to sourcing leisure activities where residents might meet people who spoke their language. Important information had been translated for residents into their own language.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have a good quality of life, and various interventions were in place to ensure that the potential of residents was maximised. Various activities were offered to residents, and chosen activities were well supported. Difficulties with motivation and interest were being addressed, and the person in charge and staff team were making all efforts to ensure a meaningful day for each

resident within these constraints.

A log of activities was maintained, and the records demonstrated various approaches to both activities and to maintaining contact with residents" families and friends. On some occasions staff had accompanied residents to have visits to their family homes, and contact via video calls was also facilitated. Activities were arranged for people to meet up with others who spoke their first language, and the search for further opportunities was on-going.

Residents had televisions in their rooms, and some had tablets and phones. There was also a 'house tablet' available for residents to use for video calls or Internet access. Some people enjoyed playing games on their devices, and others enjoyed activities outside the home such as swimming.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there was a detailed risk management plan in place for each. These risk assessments and management plans included the risks of smoking, declining vaccination, and access to the road. The plans included clear guidance, and made reference to the need for any restrictive interventions to mitigate the identified risks.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. Where there had been an outbreak of an infectious disease in the centre, this had been well managed, and a post outbreak review had been conducted in order to ensure the learning from the experience was documented and available to inform future practices.

There was clear guidance available to staff both in relation to an outbreak, and also in terms of general good practice, and all staff were familiar with this guidance. Where there had been a positive COVID-19 case recently, the person in charge had requested and overseen a deep clean of the centre. None of the residents were affected, indicating that the IPC strategies in place were effective.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place some structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a current fire safety certificate. Regular fire drills had been undertaken, and each resident had been involved in a fire drill, including new residents immediately on the day of admission. However, this emphasis did not extend to ensuring that all staff had also been involved in a fire drill.

Whilst there was a personal evacuation plan in place for each resident, and an emergency plan, these documents lacked the clarity to give clear guidance to staff as to the steps to take in the event of an emergency evacuation being required. Not all staff could accurately describe how they would assist residents to evacuate, and not all staff had been involved in a practical fire drill, which also contributed to their inaccurate responses when asked how they would evacuate each resident.

However, communication with residents about fire safety had been well managed. Social stories about fire safety had been developed, and fire safety information had been translated for those whose first language was not English.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a detailed personal plan in place for each resident, based on a thorough assessment of needs. These personal plans were continually updated, and each person had a monthly goal. These goals were meaningful, and steps towards achievement of the goals were clearly outlined, and progress recorded.

There were sections in these personal plans relating to all areas of daily life, including guidance to staff as to how to respond to behaviours relating to mental health issues, for example, the plans outlined how to identify if someone was becoming upset, and how to respond effectively.

Notes about each person were maintained at least three times each day, ensuring continuity of care and support form one day to the next.

Supports were put in place to involve families in the personal planning processes, and they were invited to be involved in case reviews. Where family members were unable to attend, phone contact was made to ensure their involvement.

Judgment: Compliant

Regulation 6: Health care

Healthcare for each resident was well managed. There was clear evidence that long term healthcare needs were met, and that there was a swift response to any changing healthcare needs.

Residents had access to the appropriate members of the multi-disciplinary team, for example, the speech and language therapist (SALT) where residents had dysphagia. The recommendations of the SALT were clearly documented and implemented. For one person a modified diet had been recommended, with some exceptions to ensure a quality of enjoyment of meals and snacks, and staff were very familiar with the implementation of the recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to various members of the multi-disciplinary team (MDT) for support with managing their behaviour and mental health. There were sections in each resident's personal plan in relation to supports required, and staff were knowledgeable about any interventions.

Where restrictive practices were in place, they had been assessed as the least restrictive necessary to mitigate any associated risk. There was a clear rationale in place for each restriction, and members of the MDT had been involved in the decision making process. Restrictions were, for the most-part, limited to a requirement for staff support with items such as lighters or sharp implements, and there was an adequate staff team to ensure that residents were not prevented from going about their chosen activities.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff had received training in the protection of vulnerable adults. All staff engaged by the inspector could outline the learning from this course, and knew their responsibilities in relation to safeguarding residents.

Strategies were in place to meet the individual safety needs of residents, and some who required continual observation had a one-to-one staff member. There was clear communication between staff to ensure that those supporting residents had the most current information.

Residents were able to describe to the inspector who they would go to if they had any concerns, and knew how to make a complaint.

All accidents and incidents were recorded in detail, and included a section on 'lessons learnt' to assist with the prevention of recurrence. There was evidence of solutions having been put in place, for example, a practical solution to manage a difference of opinion between two residents had been implemented.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld and respected for the most part. They were supported to maintain their own privacy, for example by having the keys to their own doors. All interactions between staff and residents were respectful and caring, and the person in charge and the clinical nurse manager on duty on the day of the inspection could describe various ways in which they had made efforts to ensure a good quality of life for residents.

Consultation with resident was on-going, for example they were offered a weekly residents' meeting at which to discuss the day to day running of the centre. Where residents chose not to engage in these meetings, weekly individual consultations were held. Issues discussed at these consultations included rights, advocacy,

However, there was an on-going incompatibility issue between some of the residents, which was the basis of the formal complaint made by one of them. Whilst the person in charge and senior management had recognised this, and were taking steps to rectify the situation, on the day of the inspection it had not been resolved. The failure to take into account the preferences and compatibility of established residents prior to the admission of others had exacerbated this issue.

However, in other aspects of daily life, residents appeared to be content and occupied, and to have a good quality of life in a comfortable home.

Judgment: Substantially 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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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	Substantially compliant

Compliance Plan for Laurel Lodge OSV-0008169

Inspection ID: MON-0036369

Date of inspection: 06/01/2023

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 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1.The Person in Charge has ensured that all staff have received suitable training in fire prevention. 2.All staff have taken part in a fire drills and are knowledgeble on the arrangements for evacuation of the residents 3.The centre's emergency evacuation plan and all Personal Emergency Egress Plans (PEEPS) for residents have been updated to give clear guidance to staff as to the steps to take in the event of an emergency evacuation being required. 4.Fire precautions and emergency planning will be placed as a standing item agenda on staff team meetins and discussed during staff supervision.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1.As part of all future admission's to the centre, transition planning will clearly document how appropriate consultation with new admisions and residents within the centre has been achieved. The assessment process will be used ensure compatibility of residents prior to the admission. If a compatability issue does arise appropriate steps will be taken to adress these concerns in a timely manner. 2.Regular Residents meeting and key working sessions allow the residents to be consulted and raise any concerns or issues they may have within their home.	

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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	02/02/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	02/02/2023