

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

Issued by the Chief Inspector

Name of designated centre:	Macotar Lodge Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0042424

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 June 2024	10:00hrs to 14:15hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This designated centre was registered under the operations of a new provider in June 2024, and this was a short-notice announced inspection to assess their overall compliance with the regulations. The day was facilitated by the person in charge and their the team manager. The inspector also had the opportunity to meet briefly with two staff members, and with one resident who was leaving for their day service, at the time the inspector arrived. Over the course of the day, there were many good areas of care practice found, with the provider in full-compliance with all regulations that they were inspected against.

The centre comprised of one bungalow house, located on the outskirts of a village in Co. Galway. Residents had their own bedroom, shared bathrooms and toilets, and communal use of a sitting room, kitchen and dining area. There was also a staff office in the centre, and the provider had recently converted an old resident bedroom into a new sleepover room for staff. This provider had completed many home improvements and upgrades to this house, to include, new flooring, re-configured the laundry and hot-press area, had re-decorated rooms, and replaced vanity units and wardrobes in some bedrooms. At the time of this inspection, they were making plans to improve the garden area, and were also awaiting new furniture for the sitting room to be delivered. All of which, had greatly improved the visible appearance of the centre, and gave it a welcoming and warm feel. The house itself was very clean, and well-maintained in presentation. Residents' bedrooms were comfortably furnished, had televisions installed for residents to use, and various items of interest to these residents tastefully accessorized these rooms. Many of these residents had strong family connections, and photographs of family members, friends and various events they had attended were displayed. Due to the changing needs of some residents, they now resided in a larger bedroom, which was fitted with overhead hoists, to aid with their increased care and support needs. This had made a positive impact to their care, and they had settled well into their new bedroom. There was also a large bathroom in this centre, with assisted equipment and bath, that residents with complex physical care needs, could comfortably use, with the support of staff.

Five residents lived in this centre, and had lived together for a number of years and got on very well. High staff support was required in this service, with many residents having assessed health care needs, manual handling requirements, some were a falls risk, positive behavioural support was required by some, and all required a certain level of staff support to get out and about to enjoy the activities that they liked doing. Some of them were of an aging profile, and were experiencing changing needs, which had recently impacted their manual handling and personal care needs. This had resulted in increased staff support being required by them, which was put in place and working well. Due to the complexity of some residents' care and support needs, there was vigilance maintained in the re-assessment and on-going review of residents' assessed needs. The centre was well-supported by various multi-disciplinary professionals, who supported in the review of various aspects of

residents' care. There was also good communication maintained between staff and local management, regarding any changes to residents' daily care.

These residents each had various social interests, and loved to get out and about. Some liked to go for a drink in the local pub, others had recently attended an agricultural show, they often dined out, got a take-away, in-house reflexology was offered to them, some liked to go clothes shopping, to go for walks, and they had recently voted in the local election. For those with more cognitive care support needs, they responded well to sensory based activities, such as, table-top activities and enjoyed playing with their sensory belt. Many of them attended day services during the week; however, the inspector was informed that two residents, were due to soon retire from their day service. Those particular residents would then be provided with a wrap-around service, which would provide them with social support during the week, from the comfort of their own home. At the time of this inspection, the provider was preparing for this change of service, and had undergone additional recruitment, to provide increased staff support to the centre, to enable them to provide this new social support to these residents. When asked, the inspector was told that the residents were made aware of this upcoming change, with one resident in particular, really looking forward to retiring. During their discussion with the inspector, the person in charge and team manager, spoke of their plans to expand the social care provided in this centre, and to explore new activities with these residents, with the view to further developing this aspect of the service.

In addition to the centre requiring increased staff support to meet the changing needs of some residents, this provider was also cognisant to monitor for the level of nursing support required to meet the assessed needs of residents. Nursing support was provided to those that required it, and there was also good clinical oversight of this provided by the person in charge. Many of the staff who worked in this centre had supported these residents for a long time, and were familiar with their care and support needs. The provider had undergone some recruitment, and had ensured new staff were provided with adequate induction, prior to working directly in this centre.

This was a very positive inspection, which demonstrated the appropriate implementation of many of the provider's own systems and processes, which had resulted in these residents receiving good quality care. The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

The provider had clear governance and management arrangements set out for this centre, to include, the suitable appointment of persons to manage the centre, and implementation of robust monitoring systems to consistently oversee the quality and safety of care practices. This was the first inspection of this service since it was registered under its new provider, and all areas inspected were found to be in full-

compliance with the regulations.

The person in charge held the overall responsibility for this service, and visited the centre regularly each week. They were supported by a team manager, who was based full-time at the centre, and they met and spoke regularly about the care and support needs of residents, along with any operational issues arising. Staff team meetings were also happening on a regular basis, which allowed for staff to raise any concerns they had, directly with members of local management.

There was good consistency of staff maintained in this centre, and due to the complexity of some residents' assessed needs, local management were cognisant to maintain, and sustain an established staff team for this service. Where residents' assessed needs had changed, the provider was responsive to this, and had increased staffing resources in this centre. In addition, nursing support was available to residents who were assessed as requiring this type of care. Local management met regularly with staff to review performance, and to provide support and guidance to staff, as and when required.

There were a number of internal audits being carried out on a weekly, monthly and quarterly basis, and these had been effective in supporting local management to identify specific areas of improvement that had been required to this service. This had resulted in action plans being put in place, to address any issues arising. At the time of this inspection, the provider was in the process of reviewing their overall monitoring systems for this centre, with a specific focus being placed on ensuring these would continue be effective in supporting the sustainability of improvements already made, to many aspects of this service.

Regulation 14: Persons in charge

The person in charge held a full-time position, and was regularly present each week at the centre, to meet with staff and with the residents. They were supported by a team manager, their line manager and staff team in the running and management of this centre. Due to the governance and management arrangements that this provider had set out for this centre, this provided the person in charge with the capacity to ensure the service was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels for this centre were subject to on-going review. Due to the changing needs of some residents, they now required increased staff support, and this was in place for them. Where the centre required additional staffing resources from time to time, the provider had adequate arrangements in place for this. There

was a clear and well-maintained roster than showed each staff member and their start and finish times worked at this centre. Where nursing support was required in accordance with residents' assessed needs, this was also being provided to these residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had effective training arrangements in place for the staff that worked in this centre, and had ensured that all were receiving the training that they required to fulfill their duties. Where refresher training was required, this was scheduled accordingly by the person in charge. All staff were also receiving regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents, and to meet the operational needs of this service. They had appointed suitable persons to oversee the quality and safety of care, and had escalation pathways available to local management, to raise concerns directly with the provider. Staff team meetings were regularly happening, which kept staff informed of any changes occurring, and also allowed for discussion about resident related care. Member of local and senior management also were in regular contact to review operational related matters.

The quality and safety of care was largely monitored through six monthly provider-led visits, there were a number of internal audits being carried out, local management conducted weekly checks and reviews, and there was also a strong management presence in this centre to oversee direct care practices. Where improvements were identified, action plans were put in place to address these. At the time of this inspection, local management were in the process of reviewing the centre's monitoring systems in conjunction with the provider, to ensure these would continue to be effective in overseeing and monitoring for, specific practices relating to this centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Where incidents occurred, these were recorded, reported, reviewed and responded to by the provider. All incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

The provider had many systems in place, that were working well in this centre, to provide these residents with the type of service that they were assessed as requiring. Good examples of service was observed in relation to re-assessment and personal planning arrangements, social care, risk management, fire safety and medication management. All of which, were maintained under close observation by local management, to ensure a high standard of practice was sustained in all areas.

As earlier mentioned, the identification and response to residents' changing needs was a fundamental aspect of care provided in this centre. Staff were cognisant of the aging profile of some of these residents, and of the importance of timely response, should any changes to their care and support needs be required. This was particularly observed in relation to the provider's response to the changing needs of one resident, which resulted in the resident being re-located to a larger and more suitable bedroom, and increased staffing support being put in place for them. At the time of this inspection, the local management were also implementing a similar response to recent changes observed to the behavioural needs of another resident. This had prompted a multi-disciplinary review of this resident, and local management were awaiting the outcome of these reviews to inform any changes required to this particular resident's care and support arrangements.

Similar areas of good practice were observed in relation to risk management. Where risk was identified, it was quickly responded to, in order to make the service safer for residents. This had worked well in addressing previous medication errors that had happened, resulting in better monitoring being put in place to reduce the likelihood of re-occurrence. At the time of this inspection, local management were reviewing falls management, in response to some recent falls which had occurred, to ensure the information collected around these incidents, was adequately informing risk management activities. The oversight of organisational risks was largely done through the centre's risk register, which was reviewed regularly by the person in charge, in conjunction with the team manager.

Due to the changing needs of some residents, fire evacuation was maintained under very regular review. Fire drills were frequently occurring, and records of these gave assurances that staff could support these residents to evacuate. For those who required bed evacuation, their bedrooms were fitted with large fire exits, to allow for this. Night-time staffing arrangements also supported fire evacuation, with one

sleepover and one waking staff member at all times on duty.

Residents and their representatives were encouraged to be part of the reviewing and planning of care. There was good examples of this observed by the provider through various care planning meetings that were held with residents and their families, to discuss current and future care needs. The provider had also ensured that these residents and their families were made aware of, and supported raise any concerns they had, during the recent transition of new provider for this particular service.

Regulation 12: Personal possessions

A review of the management of these residents' finances had being undertaken, which resulted in better procedural and monitoring systems being put in place. The provider was in the process of supporting some residents to open their own bank account, while also ensuring they were supported to manage their finances in the interim. There were robust checks and balances completed of residents' accounts, which had not yielded any issues arising since the new system was put in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effective risk management systems in place, to include, identification, assessment, response and monitoring arrangements. New risks were generally identified through resident and staff engagements, oversight of direct care practices, the centre's incident reporting system, and also through various audits that were being carried out. Where risk was identified, it was quickly responded to and measures put in place, to make the relevant arrangements, safer for staff and residents. The oversight of organisational specific risks was completed regularly by the person in charge, and a review of the risk register completed by the inspector, clearly evidenced regular review was being completed by local management of the particular risks relating to this service.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements in this centre, to include, fire detection and containment arrangements, all fire exits were maintained clear, all staff had received up-to-date training in fire safety, and regular fire safety checks

were being carried out. Fire drills were scheduled frequently, and the records of the last five fire drills completed, gave assurances that staff could effectively support these residents, in a timely manner, to safely evacuate the centre. Each resident had a personal evacuation plan, outlining the level of support they required to evacuate. Furthermore, there was a clear fire procedure in place, guiding staff on what to do, should a fire occur.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were regularly overseen by members of local management, to ensure this was an aspect of service that was maintained to a high standard. The inspector reviewed a resident's medication prescription and administration record, which were well-maintained and legible. Medication was dispensed to this service using blister packs, and these were subject to various checks upon receipt, to ensure no medication error had occurred. Where medication errors had been reported, the provider was proactive to their response to these, and also in their monitoring for re-occurrence. At the time of this inspection, some staff were scheduled for training in safe administration of medicines, and local management were in the process of putting additional measures in place to support them, once they commenced medication administration in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The assessment and personal planning of residents' needs was a fundamental aspect of the service that this centre provided. There was good recognition by local management and staff, of the changing needs of some residents, and they had ensured that these residents were subject to more frequent re-assessment and multi-disciplinary input, as and when required. Two residents files were reviewed by the inspector, which were found to clearly guide on the level of assessed need these residents had, along with the guidance for staff on how best to support them. Personal goal setting was also carried out with each resident, and staff were allocated the responsibility for supporting residents to achieve their goals. This was an aspect of service that was maintained under very regular review by the person in charge, and team manager, to ensure timely response, where any change to residents' care needs were identified.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had suitable supports in place, to ensure they were receiving the care that they required. Where some residents required nursing input, this was being provided in this centre, and the provider was also consistently monitoring for this in their re-assessment of residents needs. There was good input from many multi-disciplinary professionals in the review of residents health care needs, and staff were available to bring residents to medical appointment, as and when required. Staff maintained good oversight and records in relation to, residents' bowel habits, status of skin integrity, nutritional intake and weight management, which informed the care that they delivered. Residents health care needs were well-documented in personal plans, and local management maintained regular contact with staff, regarding any changes to residents' health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, the provider had ensure these residents were receiving the care and support that they required. The service was supported by a behavioural support therapist, who assisted in the review of residents' behavioural support interventions. Where behavioural related incidents occurred, these were reported and trended to inform these reviews. There were some restrictive practices were required in this centre, in response to the safety needs of residents. These were subject to on-going review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support staff in the identification, reporting, response, and monitoring of, any concerns relating to the safety and welfare of these residents. All staff had received up-to-date training in safeguarding, and the service was supported in the review of any concerns, by a nominated designated safeguarding officer. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

This centre operated in a manner that was respectful and considerate of the assessed needs, age, and personal preferences and wishes of the residents that lived there. Residents were consulted regularly around the care that they received, as were their families and representatives. Residents meetings were happening, which gave the residents an opportunity to express their feedback and to be involved in the planning of their activities and social outings. The rights of these residents was driven through the regular oversight of local management, who endeavoured to ensure good quality care, in accordance with their wishes, was delivered to these residents.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant