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:	Ladywell Lodge
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	08 and 09 November 2023
Centre ID:	OSV-0003025
Fieldwork ID:	MON-0032936

About the designated centre

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

Ladywell Lodge is a centre situated on a campus based setting in Co. Louth. It provides 24hr residential care to up to eight male and female adults some of whom have complex medical needs. The centre is divided into two separate units which are joined by a communal reception area. Each unit comprises of a large dining/sitting room, additional small communal rooms, adequate bathing facilities, laundry facilities and an office. Residents have their own bedrooms. There is a large kitchen shared by both units where staff prepare meals and residents can be involved in meal prep and baking if they wish. Both units have access to a shared garden area where furniture is provided for residents use. The centre is nurse-led meaning that a nurse is on duty 24 hours a day. Health care assistants also play a pivotal role in providing care to residents. The person in charge is employed on a fulltime basis and is only responsible for this centre. Residents are supported to access meaningful day activities by the staff in the centre. There are two buses available in the centre so as residents can access community facilities.

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
Wednesday 8 November 2023	10:20hrs to 17:20hrs	Anna Doyle	Lead
Thursday 9 November 2023	10:15hrs to 15:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This inspection was announced following the registered providers application to renew the registration of the centre. The inspector got to meet all of the residents and spent some time talking to two of them, about what it was like living in the centre. The inspector also spoke to staff, the person in charge, the director of care and support and an assistant director of nursing. They also reviewed records pertaining to the care of residents and, observed some practices.

Overall, the inspector found that residents were well cared for in this centre. The staff team led by the person in charge were promoting and implementing a human rights based approach to care. Some minor improvements were required in complaints, the premises, policies and procedures, medicine management practices and personal plans.

As part of this inspection methodology, questionnaires were posted to the centre in advance seeking feedback from residents and/or their representatives about the quality and safety of care provided. The feedback was completed on behalf of the residents by their family representatives and was overall very positive. Family representatives reported that, residents were supported, liked the staff team and were encouraged and supported to maintain relationships with family and friends. One reported an issue about repairs to a wheelchair for one resident, the inspector informed a manager about this and they committed to following up on this matter.

Over the course of the inspection, residents were seen to be involved in several activities. On the first day, two residents went on a trip for most of the day and another resident went out for coffee and to their local credit union; two other residents went off to start their Christmas shopping. One resident really liked to keep busy and staff were observed supporting the resident with several activities over the course of both days.

Staff were observed supporting all of the residents in a kind, patient and jovial manner, while respecting the residents' rights to make their own decisions. For example; one resident was observed in the kitchen with staff while the dinner was being prepared telling staff what they did and did not want and what time they wanted to eat their meals at. This was fully respected by the staff member.

The centre is divided into two separate living units which are spacious, well decorated and very clean. Despite the fact that this centre is a congregated setting and is based on a campus, the centre was warm and homely. For example; staff cooked the residents' meals in the centre and the aromas of food cooking over the course of the two days was in keeping with a home like environment. Staff spoken with were aware of the specific dietary requirements for residents. For example; some residents required a minced moist diet. The inspector observed that this food was presented nicely and looked appetising. Some residents were also involved in shopping for weekly groceries and one resident showed the inspector a picture of

them doing this with staff.

Each resident had their own bedroom which was personalised, warm and nicely decorated. Since the last inspection, one of the residents had redecorated their bedroom to include some sensory lights. There were photographs of residents displayed around the centre which created a sense of home. Staff had also created a 'remembrance tree' for residents to remember friends and family who had passed away. One of the residents showed the inspector this.

Family and friends were welcome in the centre and the inspector observed pictures of a big party which some family members attended during the summer. A review of residents' plans showed that family members visited regularly. Staff also organised transport and staff rotas to ensure that residents could visit their family members outside the centre. This meant that residents were supported to maintain links with their family and friends. Annual celebrations were also organised for family gatherings, resident's birthdays or other significant events. One resident showed the inspector photographs of parties held to celebrate Saint Patrick's Day, Halloween and new legislation that would support residents with decision making.

Residents had been supported to develop goals they may like to achieve. For example; two residents who were good friends had been away on an overnight break and had attended some concerts. Another resident had held a coffee morning to raise funds for a charity they were interested in supporting.

Weekly meetings were held to talk about what was happening in the centre. At these meetings residents got to decide what meals they were planning for the week and were informed about how to make a complaint. Residents were also being included in decisions about their care and staff were ensuring that residents had the supports where necessary to do this. For example; one new record tool outlined what supports a resident might need if they were making a decision. This record noted that the resident would probably be able to process and understand information at specific times during the day. This was a positive initiative as it ensured that, when a resident was making a decision they were supported in an environment they would feel at ease in.

The person in charge was also introducing some changes to improve residents access to their finances. For example; they had consulted with all of the residents about whether they wanted a safe in their own bedroom to store their personal belongings. One resident had said they wanted this and this had been implemented. The registered provider also had a quality improvement measure in place to promote the rights of the residents. This included advocating on behalf of residents through liaising with bank officials, other human rights agencies and residents about improving residents' rights to access banking facilities.

There were systems in place for residents to raise concerns and the complaints procedure was displayed in the reception area of the centre. There was an easy read version available and residents were informed about their right to make a complaint. There were no complaints recorded since January 2023. However, over the course of the inspection from speaking to staff, a number of them had raised a

concern in relation to one resident about whether they were happy sharing with another resident. The staff had discussed this as a team and had taken some measures to investigate this. Notwithstanding, this had not been recorded as a complaint/concern on behalf of the resident.

The inspector also observed that some staff wore uniforms (tunics) and some did not. The wearing of tunics/uniforms had been introduced as an infection control measure during the COVID -19 pandemic. This had not been required prior to the pandemic. The person in charge and the director of care informed the inspector that this would be reviewed going forward in line with infection control measures to assess whether they were still required.

Overall, the residents here looked well care for and the staff team were promoting person centred care. Notwithstanding, some improvements were required. The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the inspector found that this centre was well-resourced and that the services provided, were contributing to positive outcomes for the residents. Some improvements were required in the policies, the management of complaints, medicine management practices, personal plans and records in relation to maintaining equipment.

There were governance and management arrangements in place which included clear reporting structures and arrangements to ensure that services were reviewed and monitored on a consistent basis.

The centre had a defined management structure in place which consisted of a person in charge who worked on a full-time basis in this centre. The person in charge provided good leadership and support to their team and the staff team reported that they felt very supported by the person in charge. They demonstrated a strong focus on person-centred care and promoted a rights-based approach to care. For example; significant work had been completed to ensure that residents were included in decisions around their care and support. The person in charge told the inspector their care philosophy was centred on 'nothing about me, without me'.

The person in charge reported to the director of care and support. The director of care and support met with the person in charge on a regular basis to review the care being provided in the centre. The centre was being monitored and audited as required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address

these.

There was sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were three staff vacancies. To ensure consistency of care, a regular on call panel were available to cover vacancies. The person in charge had also completed a risk assessment to assure how the centre should be managed should there be a shortfall of staff due to unplanned leave to ensure that residents needs would be met.

Staff had been provided with mandatory training and other training in order to meet the needs of the residents and support residents in a safe manner. For example; all staff had completed safeguarding vulnerable adults to ensure that residents were safeguarded. Orientation and induction training was completed with all new staff who started to work in the centre.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken to also had a very good knowledge of the resident's needs.

The policies and procedures required under Schedule 5 of the regulations were available in the centre. However, some of them required review.

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. However, as discussed in the previous section of this report, improvements were required to ensure that a complaint/concern on behalf of a resident was recorded as such.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted and application to renew the registration of the centre to the chief inspector as required.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were three staff vacancies. To ensure consistency of care, a regular on call panel were available to cover vacancies. The person in charge had also completed a risk assessment to assure how the centre should be managed should there be a shortfall of staff due to unplanned leave to ensure that residents

needs would be met.

There was a planned and actual rota maintained which identified the staff that had worked on each particular day in the centre.

Copies of the regulations and standards/guidance pertinent to the service were available to staff. For example; the person in charge had a copy of the self assessment form for providers in relation to restrictive practices (published by HIQA) and was reviewing restrictive practices in the centre to ensure that they were in line with best practice.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems to record and regularly monitor staff training and to ensure that training was effective. For example; through an audit it had been identified that it should be mandatory for all staff to complete training to support people with epilepsy. This was now in place.

All staff had received supervision relevant to their roles and they reported that where they raised a concern, that those concerns were acted on and listened to by the person in charge.

Most of the staff had also completed training in human rights and there had been numerous workshops in the organisation about supporting residents to make decisions. It was evident from reviewing support plans that this was influencing practices in the centre. For example; a detailed plan for each resident outlined their preferences when they had to make a decision. A staff member gave an example of how they had influenced changes for a resident to become more integrated in the centre with their peers.

The person in charge was also in the process of contacting the decision support service for a resident who needed support around a decision relating to their health. The inspector also observed other examples which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge maintained a directory of residents in the centre which included dates and details of residents who were admitted to the centre and where

they had been away from the centre on a temporary basis.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records in relation to each resident as specified in Schedule 3; and the additional records specified in Schedule 4 were maintained and available for inspection by the chief inspector.

Staff personnel files had been reviewed at the last inspection of the centre in April 2023. The inspector did review one personnel file to ensure that it contained up to date Garda vetting and this was in place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up to date insurance certificate which covered this designated centre as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were governance and management arrangements in place which included clear reporting structures and arrangements to ensure that services were reviewed and monitored on a consistent basis.

The centre had a defined management structure in place which consisted of a person in charge who worked on a full-time basis in this centre. The person in charge provided good leadership and support to their team and the staff team reported that they felt very supported by the person in charge. They demonstrated a strong focus on person-centred care and promoted a rights-based approach to care. For example; significant work had been completed to ensure that residents were included in decisions around their care and support.

The person in charge reported to the director of care and support. The director of care and support met with the person in charge on a regular basis to review the care being provided in the centre. The centre was being monitored and audited as

required by the regulations and the registered provider completed a number of other audits to ensure that the service provided was to a good standard. Where areas of improvement had been identified there was a plan in place to address these.

The registered provider had a quality improvement measure in place to promote the rights of the residents. This included advocating one behalf of residents through liaising with bank officials, other human rights agencies and residents about improving their access to banking facilities. This was a positive initiative for the residents and would contribute to a rights based approach to care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services provided in the centre and this document was regularly reviewed to reflect changes to services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a matrix of incidents that had occurred in the centre since the last inspection. On review the inspector was satisfied that the chief inspector had been notified where required under the regulations of all adverse incidents that had occurred.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a policy on how complaints should be managed in the centre. The policy also included how residents could be access advocacy services should they require this.

The complaints procedure was displayed in the reception area of the centre. There was an easy read version available for residents and residents were informed about their right to make a complaint. There were no complaints recorded since January 2023.

However, over the course of the inspection from speaking to staff, a number of

them had raised a concern in relation to one resident about whether they were happy sharing with another resident. The staff had discussed this as a team and had taken some measures to investigate this. Notwithstanding, this had not been recorded as a complaint /concern on behalf of the resident.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

A review of the policies and procedures required under Schedule 5 of the regulations found that the most of the policies had been reviewed at intervals not exceeding 3 years. Some were in the process of being reviewed at the time of the inspection to align with new legislation on capacity. However the policy on the the creation of, access to, retention of, maintenance of and the destruction of records had not been updated since May 2019.

A sample of policies were reviewed to ensure that they aligned with the practices in the centre. This included the complaints policy, medicine management, safeguarding vulnerable adults, the provision of personal intimate care and resident personal possessions and finances. However, the policy on finances and personal possessions needed to be updated to reflect how residents money was managed and statements were audited from a credit union.

In addition, the registered provider took all incidents of unexplained bruising/injuries seriously and reported these to the designated officer as a potential safeguarding concern which ensured transparency, however the standard operating procedure to manage potential safeguarding concerns did not reflect this practice to guide staff practice.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector observed that the quality and safety of care provided to the residents was to a good standard. Residents were supported to keep in contact with family and friends and they were able to avail of activities in their local community. The actions from the last inspection had been completed, but some improvements were required under personal plans, medicine management and premises.

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Detailed support plans were in place to guide staff on how residents should be supported in order to meet the residents' health

care and emotional needs.

Residents had a 'life vision' document in each of their personal plans. From this goals that residents wanted to achieve had been developed. One resident went through a book with the inspector which contained pictures of some of these goals. For example; the resident was away on a short break with one of their friends. However, some improvements were required to one support plan that related to pain management to ensure that a comprehensive review was conducted to assure how effective the supports/treatments were for this resident.In addition, there were no records to show if a recommendation made by an allied health professional was followed up.

The centre was very clean and well maintained. It had been adapted to suit the needs of the residents in the centre. However, a record of all equipment and whether it had been serviced was not in place on the day of the inspection for all equipment.

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector and they were in line with the providers policy. The staff member was knowledgeable about the reason medicines were being administered to residents. However improvements were required to transcribing practices in the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area. The registered provider also had a policy on the provision of intimate care to guide staff practice. This included very good examples to ensure that the voice of the resident and their personal preferences were included in this plan. A review of a sample of intimate care plans found them to be very detailed, some minor improvements were required to include all of the good examples outlined in the providers policy, however the person in charge had reviewed some of these prior to the end of the inspection. The inspector was therefore satisfied that the person in charge would oversee these changes for all residents.

Regulation 11: Visits

The provider had a policy in place which outlined the arrangements in place for residents to receive visitors in line with residents' wishes. A visitors room was available should residents wish to meet their relatives in private. A visitors log was maintained which required anyone visiting the centre to record their name, details and time of visit.

The policy reflected an open door policy for residents to have visitors and it was evident from reading a sample of records that this was also the practice in the centre. For example; a number of compliments recorded from family members about the care being provided in the centre were recorded following their visits to

the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had a policy in place which outlined the measures in place to store and safeguard residents personal possessions and finances. Some of the measures included checks and audits to ensure that residents finances were safeguarded. The inspector reviewed a sample of the records and found that these measures were implemented. For example; every time a resident purchased and item or withdrew money from a bank, two staff signed the residents finance ledger to ensure that accurate balances were being maintained.

An inventory of residents' personal possessions was also maintained on each residents personal plan. The registered provider also had a policy that if a resident was staying in an acute hospital setting for medical treatment, then the registered provider would refund the resident a percentage of the long stay charges they were required to pay. The inspector followed this up for one resident and found that the provider had refunded the required amount to the resident. This was another example of how residents' rights were protected in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was warm, homely and very clean. Each resident had their own bedroom which had been personalised to their specific tastes. Since the last inspection one resident had redecorated their bedroom and two of the bathrooms had been fixed. This had been an action from the last inspection.

Some improvements were required to ensure that a record was maintained in the centre to show that equipment was being maintained in line with the manufacturers guidelines.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were prepared in the centre and residents could choice their personal preferences. One resident was observed telling staff what they did and did not want

at meal times and all of the residents requests were listened to by staff.

Some residents were involved in shopping for weekly groceries and one resident showed the inspector a picture of them doing this with staff.

Where residents required support with specific dietary requirements, they had been reviewed by a speech and language therapist and a dietitian where required. Guidance had been developed to support the residents and guide staff. The staff were knowledgeable about these guidance documents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in the designated centre which included a summary of the services and arrangements for visitors in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The actions from the last inspection had been addressed. The centre was very clean and the registered provider had house hold staff employed to ensure cleanliness standards were maintained.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. A staff member were through some of the practices with the inspector. The staff member was very knowledgeable about the reason medicines were being administered to residents. However, on reviewing one medicine management practices the inspector found that the dosage of one medicine charted on the medicine kardex was not the same as the dosage dispensed and stored in the drug press. This did not impact the resident and the issue had been resolved by the end of the inspection.

The inspector noted that the oversight of transcribing practices may have contributed this error. For example; the policy stated that where medicine were

transcribed, the record should be checked by two staff. Staff acknowledged that this was not in place, however, they said it had never been considered that this practice constituted transcribing. The person in charge and the director of care and support agreed to follow this up with organisations medicines committee to seek clarity on this and revise the policy to reflect this practice if required.

Medicines records relating to the use of as required medicines were in place to guide staff practice.

There were systems in place to report and manage incidents/accidents/near misses around medicine management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Detailed support plans were in place to guide staff on how residents should be supported in order to meet the residents' health care and emotional needs.

Residents had a 'life vision' document in each of their personal plans. From this goals that residents wanted to achieve had been developed. One resident went through a book with the inspector which contained pictures of some of these goals. For example; the resident was away on a short break with one of their friends.

An annual review of personal plans had taken place with residents and their representatives present to assess the effectiveness of the plan. Support plans were also reviewed by staff to assess the care being provided on a more regular basis. However, some improvements were required to one support plan that related to pain management to ensure that a comprehensive review was conducted to assure how effective the supports/treatments were for this resident.

In addition, there were no records to show if a recommendation made by an allied health professional was followed up.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector followed up on the actions from the last inspection and found that they had been completed. No other aspect of this regulation was reviewed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by a range of allied health support professionals and staff to support their emotional needs. Behaviour support plans were in place to guide staff practice. A staff member went through how one resident liked to be supported and it was evident that this staff member knew the resident very well.

A clinic nurse specialist in behaviour support reviewed the support plans in place for the residents. There was evidence that information was been gathered in relation to some behaviours of concern to try and establish the reason for a residents' behaviours in order to better support them.

The registered provider had oversight arrangements for restrictive practices in this designated centre. There were two committees in the wider organisation who reviewed restrictive practices and human rights issues in the centre. The 'Governance of Restrictive Interventions Committee (GRIC)' reviewed and approved restrictive practices used in this centre every three months. The 'Human Rights Committee' also reviewed other rights restrictions as and when required.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was available in the centre. This policy was the Health Service Executive (HSE) national policy on safeguarding vulnerable adults. A separate standard operating procedure was in place which outlined the reporting procedures to be followed in the event of an allegation of abuse in the centre. All staff had been trained in safeguarding vulnerable adults and staff spoken to were aware of the procedures to follow in such an event and the types of abuse.

The registered provider had a policy on the provision of intimate care to guide staff practice. This included very good examples to ensure that the voice of the resident and their personal preferences were included in this plan. A review of a sample of intimate care plans found them to be very detailed, some minor improvements were required to include all of the good examples outlined in the providers policy, however the person in charge had reviewed some of these prior to the end of the inspection. The inspector was therefore satisfied that the person in charge would oversee these changes for all residents.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed in this report there were several examples to demonstrate how residents were supported to exercise some of their rights. For example one resident was being supported to access support around a preference they had around their choice of foods.

The registered provider was also introducing initiatives to advocate on behalf of the residents to be able to exercise their right in relation to their finances. The registered provider was also introducing changes to ensure that residents were included in decisions around their care and support and these practices were observed on inspection. The person in charge demonstrated a person centred approach and provided examples of their commitment to continually improve the services provided to residents to ensure that the residents voice was central to decisions being made. The person in charge told the inspector their care philosophy was centred on 'nothing about me, without me'.

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 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ladywell Lodge OSV-0003025

Inspection ID: MON-0032936

Date of inspection: 09/11/2023

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A Business case has been submitted to the HSE for the one resident requiring an alternative independent support package. Human rights referral was sent on 01.12.23 on behalf of the resident regarding living arrangements, waiting response from Human rights committee.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Regional procedure on resident and housekeeping finance policy has been reviewed it was updated and approved December 2023 to reflect purchases made by a manager/PIC on their credit card on behalf of a resident. Medication Management: Imminent move to DIGICARE which will eliminate incorrect data. Safeguarding: Standard Operational Procedures for unexplained bruising guided by HSE Safeguarding Policy; preliminary screening completed forwarded to the designated safeguarding officer and to the safeguarding team. The Interim Safeguarding plan sent on the preliminary screen guides staff practice as defined within the plan. All other outdated policies: Schedule 5 policies are being reviewed by the Programme & Quality Department.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Annual bed service completed 23.11.23. Annual mattress service completed 03.04.23. Confirmation email accessed of electrical works completed 07 June 2023 (Confirmation email Forwarded to HIQA 13.11.23.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Kardex amended, medication review and signed by GP 9th November 2023 Medication Management: Medication stock control has been updated to include weekly mars sheet checks; cross reference mars sheets with Kardex to eliminate practice. PPIM to discuss with drugs and therapeutics over see our medication management. Imminent move to DIGICARE which will eliminate future incorrect data recording. Ladywell is scheduled in January 2024 a pilot study of digicare system. Online link between General Practitioner and pharmacy to eliminate errors.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Resident mobility plan of care updated 10.12.23 to reflect MDT input regarding stability of day chair. The one resident's pain management plan of care updated 10.12.23 to include comprehensive plan of elimination of pain.	

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(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by 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.	Substantially Compliant	Yellow	23/11/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Substantially Compliant	Yellow	31/01/2024

	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.			
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.	Substantially Compliant	Yellow	31/01/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2024
Regulation 05(8)	The person in	Substantially	Yellow	10/12/2023

	charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Compliant		