



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

Issued by the Chief Inspector

Name of designated centre:	Ivy Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 April 2023
Centre ID:	OSV-0008395
Fieldwork ID:	MON-0039253

About the designated centre

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

Ivy lodge provides a residential service for adults both male and female over the age of 18 years with a diagnosis of intellectual disability, autistic spectrum disorders and acquired brain injuries who may also have mental health difficulties and behaviours that challenge. The centre provides accommodation for a maximum of five residents in a large detached two storey house located in a rural area a short drive away from the nearest small town. The centre is surrounded by a large garden area, and has adequate communal areas inside and out. Residents are supported by a person in charge, house manager and support workers in line with their assessed needs.

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
Thursday 27 April 2023	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was the first inspection of a newly registered centre following the admission of residents, and was conducted to assess compliance with the regulations.

On arrival at the centre the inspector saw that the house was well maintained, and had spacious outside areas both for parking and for residents to use for leisure activities. All current guidance in relation to infection prevention and control (IPC) was being observed, and staff were no longer wearing face masks in accordance to this guidance. The organisation's visitor policy had been updated, and visitors were requested to report any symptoms, but otherwise there were no restrictions.

On the morning of the inspection residents were either having a lie-in, or had been up for breakfast and had retired to their rooms again as they preferred. All of the residents were fairly new to this recently registered designated centre, and it was clear that all efforts were being made to ensure that their needs were met, and that their preferences and choices were being ascertained by the staff and person in charge. Following initial assessments, more detailed assessments were on-going, and these included reviews of available information, observations and the input of various members of the multi-disciplinary team (MDT).

The inspector had an introductory meeting with the person in charge, both to outline the process of the inspection, and also to determine the preferences of residents in relation to meeting the inspector. The person in charge was knowledgeable about the needs and preferences of residents, and about their preferred ways of communicating, and assisted the inspector in ensuring that residents were not made to feel uncomfortable during the day of the inspection, whilst still following essential lines of enquiry.

The centre was spacious, well-furnished and nicely decorated, and there was accessible information available to residents throughout. The centre was spotlessly clean, and hand hygiene facilities were readily available for staff and residents.

Some residents either chose not to engage with the inspector, or limited their interactions so that these were only short introduction. Despite this, the inspector was invited briefly into to the personal rooms of some residents. One resident who accepted a brief visit to their room indicated that they were happy with their environment, and showed their tv, which they were clearly proud of. The inspector respected the wishes of the residents, and whilst limiting their engagement with some people, could see from short interactions that they were happy with their rooms, and that their preferences were respected by staff.

Where residents chose not to talk to the inspector, the inspector observed interactions with staff, and saw that they were respectful and caring, and that staff were responding to them in accordance with any positive behaviour support plans,

as discussed later in this report.

Some residents, however, did agree to have a conversation with the inspector. One resident told the inspector that they were very happy in their home, and during the conversation indicated that they felt safe, and protected from their own behaviour and choices, which had in the past caused problems for them. They said that they felt that the staff were their friends, and that they would approach them for help. The inspector asked the resident for consent to put one of their responses to the question about whether they were happy in the centre into this report, and they agreed. The quote that they agreed to was: 'It is better than that, this is my home'. The inspector understood from their conversation with the resident that this was particularly important to them.

Another resident who was happy to speak to the inspector had short term memory loss, and said that they were happy in the designated centre, but couldn't remember a time when they weren't living in the centre. Their preference, on occasion was to engage in behaviours that were detrimental to their health, and the rights of this person, and others to make unwise choices is further discussed later in this report.

Staff were being encouraged to complete training in human rights, and several staff had completed this training. During conversations with staff and the person in charge, the inspector found that various training courses emphasised human rights and person centeredness. Staff engaged by the inspector spoke clearly about the emphasis on the rights of residents in terms of respecting choices and also in relation to their knowledge of the backgrounds of residents which led them to introduce and encourage activities which relate to interests of residents, and also to respect unusual behaviours such as attachment to certain items.

During the course of the inspection, the inspector found that there was an emphasis on the will and preference of residents in relation to potentially harmful behaviours, and that while all efforts were made to raise awareness for residents as to the nature of the harmful effects of such behaviours, restrictions were not always put in place. It was clear that decisions around possible restrictions were on-going, and were challenging for staff and members of the MDT, and that cognisance was taken of the rights of the individual to make unwise decisions. The inspector observed that all efforts were made to ensure that information was made available to residents to assist their decision making.

Residents were consulted regularly about the care and support offered to them, both by regular residents' meetings, and by individual discussions with residents, and for those who required assistance with communication, there was easy-read information available about various aspects of daily life. Residents' meetings were a social occasions with tea and cakes, and while all were welcomed, there was no requirement to join. Where people chose not to be a part of these meetings, alternative consultation on an individual level was facilitated.

Overall, the provider and the person in charge had ensured that there were effective ways of ensuring that the voice of each resident was heard, and that the rights of each person were upheld. The care and support of residents was of a high standard,

and complied with the regulations.

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 oversight of the centre was appropriate and already established.

There was an appropriately qualified and experienced person in charge who was supported by a house manager, who also deputised in her absence. Lines of accountability were clear, and communication strategies throughout the team had been established.

There was knowledgeable and caring staff team who were in receipt of all relevant training, and demonstrated good knowledge of the support needs of residents.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version.

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. She had clear oversight of the centre, demonstrated and in-depth knowledge of the care and support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a nurse on duty every week day to support the nursing and healthcare needs of residents, with access to a community nurse on other days. A planned and

actual staffing roster was maintained as required by the regulations.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner, and in accordance with the documented care plan for each resident.

A sample of staff files was reviewed by the inspector, and all required information was in place.

Judgment: Compliant

Regulation 16: Training and staff development

There was a schedule in place for formal staff supervision conversations, and several of these discussions had been undertaken.

All mandatory training was up-to-date. Training relating to autism was being rolled out, and several staff members had undertaken this course. In addition, specific training relating to the healthcare needs of one of the residents had been undertaken, and this was reflected in this person's healthcare plan.

The house manager had completed training on key-working and goal setting, which was timely given that residents were all newly admitted to the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in accordance with the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure including lines of accountability. There was an appropriately qualified and experienced person in charge, and also an experienced house manager who deputises for the person in charge in their absence.

As this is a newly registered centre, there was no requirement yet for an annual

review, or for six monthly unannounced visits on behalf of the provider. However, there was a monthly suite of audits which had taken place, including audits of admissions, care planning, staff training, fire safety and incidents. There were no required actions identified from these audits, which was consistent with the findings of this inspection.

Monthly staff meetings were held, and a review of the minutes of these meetings found them to be meaningful discussions amongst the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a signed contract in place which outlined the services available to support the residents, and included reference to any applicable charges.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 34: Complaints procedure

The organisations complaints procedure gave clear guidance to residents and their friends and families as to how to make a complaint. It was clearly displayed in the centre, and was available in an accessible format.

Some residents who spoke to the inspector said that they knew who to approach if they had a complaint, and that they would feel comfortable in doing so.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable life, and to have their needs met. There was a clear system of personal planning which included all aspects of care and support for residents, and which had been completed for all residents, and was under constant review.

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, and all staff and residents had 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

For those residents who need support with communication, social stories had been developed to assist their understanding. There were multiple examples of accessible versions of information throughout the centre, both in easy-read and pictorial formats.

Where a resident didn't have English as their first language, all efforts had been made to ensure effective communication. A staff member from another centre operated by the provider made regular visits to the centre to interpret for them. In addition, English speaking staff used 'google translate' on their mobile phones to communicate with the resident.

Throughout the course of the inspection, the inspector observed staff communicating effectively with residents, and to be responding appropriately.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments were in place for various personal aspects of life for residents, and these risk assessments, together with risk management plans were put in place in a timely manner following the admission of residents.

Local risk assessments and management plans were also in place relating to lone working, IPC, and accidental injury. There was also health and safety statement

which incorporated generic risks, such as the risk associated with fire.

Judgment: Compliant

Regulation 27: Protection against infection

All current public health guidance was being followed. There was a detailed contingency plan in place with detailed guidance for staff to follow should there be an outbreak of an infectious disease.

There were individual risk assessments in place for each resident which outlined the steps to be taken in the event that they should they contract an infectious disease and especially should they be required to self-isolate.

Regular cleaning checklists were maintained, and there was a weekly environmental check which included maintenance and cleanliness.

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 regular fire drills had been undertaken, which involved each resident and included drills undertaken under night time circumstances.

There was a clear personal evacuation plan in place for each resident, and an appropriate emergency plan. Staff could accurately describe how they would support residents to evacuate in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans for each resident were in place within the required timeframes and were under continual review. Goal setting for residents was in the early stages, as appropriate given the recent admission for residents. However, interim goals had been set, for example, a goal for a resident was to plan a schedule of activities. The inspector found this to be appropriate given the short amount of time since admission.

Where residents had declined to take part in personal planning, this was respected, however staff continued to discuss the issue with residents, and encourage them to take part, and explained the process with them.

Person centred plans which had been developed included sections on both communication and dignity and respect. There was clear guidance for staff in both areas.

The communication section included particular detail for those residents who did not communicate verbally. For example, there was information about how someone might take a staff member by the arm and take them to where they might require something, or might communicate their dissent by gesture.

Accessible versions of personal plans had been made available to residents, including the translation of the plan for a resident who did not have English as a first language.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed. There were detailed care plans in place for various issues, including diabetes, epilepsy and obesity. The plans outlined guidance for staff in both maintenance and emergency situations.

These plans incorporated the recommendations of the relevant members of the MDT. All staff engaged by the inspector were aware of the requirements of these care plans. A review of the implementation records indicated that not only were the plans being implemented, but that there were already improved outcomes for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was an ethos in this designated centre in relation to only implementing the least restrictive measures to ensure the safety of residents.

Where restrictions were employed, only the least restrictive to mitigate the risks were in place. For example, a resident was admitted to the centre with a restriction in place which required an unusual harness for travelling in a vehicle, although there was insufficient evidence for such a requirement. The person in charge undertook an assessment and found no evidence for the continuation of the restriction. Following a detailed risk assessment, the restriction was not continued. The risk

assessment included all the available information, and the inspector found that the decision was based on the available evidence.

Where residents were making choices that were not seen to be in their best interests, the organisation's behaviour support team were involved, and referrals had been made to the relevant healthcare professionals to support the resident. Processes were in place to ensure that residents had all the relevant information available to them, including information about the consequences of their decisions.

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 were knowledgeable, and knew their responsibilities in relation to safeguarding residents.

There were specific strategies in place to meet the individual safety needs of residents, including detailed risk assessments and management plans.

All accidents and incidents were recorded in detail, and all required notifications had been made. Where safeguarding issues had been identified, for example issues for individuals due to behaviour of others, appropriate safeguarding plans had been developed and submitted to the safeguarding team, and it was clear from the records that there had been no further incidents since the implementation of the plans.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were given high importance in this designated centre, and during all conversations between the inspector and staff this was clear. Staff spoke about the preferences of residents, and mentioned aspects of their behaviours which related to their choices.

Staff spoke about the ways in which people who did not communicate verbally made their preferences known, for example by taking staff by the arm towards something that they would like, or by non-verbal ways of refusing something that they didn't want, both in relation to activities and food preferences.

Some people were making choices that would be seen as detrimental to their well-being, and both staff and the person in charge, whilst acknowledging this, also understood the rights of each individual to make unwise choices. Where the capacity

of individual residents was unclear, there were formal assessments underway involving appropriate members of the MDT. Meanwhile, education and encouragement for healthy choices was on-going.

Preferred activities for most residents were not yet determined, given that they were only newly admitted to the designated centre, and observation and assessment were on-going. However, already some people had become involved in their local community, and were volunteering in charity events, for example. Further options were being explored by staff and the person in charge.

There was a section in each person's person centred plan on dignity and respect. This included information about people having their own key to their room, and clear instruction for staff to knock before entering. All staff were aware of this, and the inspector observed this in practice.

Consultation with residents was undertaken both through residents' meetings and individual discussions. Overall, the rights of residents were respected and upheld.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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