



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

Issued by the Chief Inspector

Name of designated centre:	Deerpark Lodge
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2020
Centre ID:	OSV-0007717
Fieldwork ID:	MON-0030217

About the designated centre

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

Deerpark Lodge provides a residential service for adults, both male and female over the age of 18 years with intellectual disabilities, autistic spectrum and acquired brain injuries who may also have mental health difficulties and behaviours which challenge. The objective of the service is to promote independence and to maximise quality of life through interventions and supports which are underpinned by Positive Behaviour Support in line with our model of Person Centred Care and Support. Services at Deerpark Lodge are provided in a large three-story home, in a small estate, close to a local town. Residents living in the centre are supported by a suitable skill mix of staff and sufficient resources to ensure that residents are able to access the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 2015 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 2 September 2020	10:00hrs to 15:30hrs	Christopher Regan- Rushe	Lead

What residents told us and what inspectors observed

The inspector met all three residents living in the centre on the day of the inspection. One resident met with the inspector and showed the inspector around their room. The resident appeared happy and well and spoke of their life before they came to live in the centre and of all the people they had met while following their favourite sports team. Another resident chose not to speak with the inspector and went out for the morning with a member of staff to complete a personal activity.

The inspector walked around the centre, which was a large three storey home in a small estate. The finish to the property was of a very high standard and was a warm and relaxing environment. Staff working in the centre were observed to be actively engaged with the residents they were supporting and the inspector was able to hear many positive conversations occurring throughout the day between residents and staff. These included conversations about what was going on in the news, the residents plans for the day and the meal preparations.

The inspector saw that residents were able to move freely around the centre, using the communal areas of their private rooms as they chose. The inspector noted there were sufficient staff on duty, who were able to support the residents to achieve their daily goals and activities.

Capacity and capability

The inspector found that this was a very well run centre. Residents were safe and able to live lives of their choosing. The provider had good systems for the oversight and governance of this centre and the staff team were supported by clear policies, procedures and care planning documents to be effective in their roles. This was leading to a very positive culture in the service and good health and social care outcomes for the residents.

There was a person in charge of the centre, who oversaw the day-to-day running of the service. The provider had a clearly defined line management arrangement in place, and it was clear that the person in charge was being provided with the necessary supports and resources to plan and manage the service effectively. The provider had systems and process in place which supported staff to deliver a high quality service, these included electronic resident records and case notes, good risk management practices and a significant programme of self audits, to help identify and remedy any areas which required improvement.

The provider was aware of their requirement to undertake a six monthly unannounced visit to the service, although this was not yet due. However, a review

of the audits completed by the person in charge demonstrated that these were being used to good effect to detect areas of improvement. In addition, it was evident that these were subject to independent review and monitoring by the provider, to track progress being made against any actions identified and to consider any risk impact. The inspector noted that audit action plans were being progressed in line with agreed time frames, and there was good evidence that these were being closed off, once completed.

There was an actual and planned roster in place. The number of staff planned to be on duty on the day of inspection reflected the number of staff on duty. There were adequate staff on duty to meet the needs of the residents, while ensuring that residents were not being rushed to complete tasks. The inspector reviewed three staff files and found that they contained all of the requirements of schedule 2 of the regulations. The inspector reviewed staff training records and saw evidence that all staff had completed their mandatory training in areas such as safeguarding, positive behaviour support, fire safety and infection control. This meant they each had the necessary knowledge and skills to support residents and keep them safe while living in the centre.

The provider had a directory of residents, which formed part of the residents' overall care documentation on the provider's electronic records system. This included all the components required by the regulations, such as a photo of the resident and details and contact numbers of key professionals involved in the care and support of the residents. Each resident had a clear contract of care in place which had been signed by the resident. These contracts set out the terms of their residency and had also been provided in easy-to-read versions. The contracts were informative and were consistent with the care support and planning documentation reviewed by the inspector on the day of the inspection.

The provider was submitting notifications as required by the regulations. Copies of these were held in the centre and there was good evidence that any follow up actions required as a result of these were being progressed.

Regulation 15: Staffing

The provider had recruited sufficient staff, with a suitable skill mix to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed the provider's mandatory training programme.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents, which formed part of the residents' overall care documentation on the provider's electronic records system. This included all the components required by the regulations, such as a photo of the resident and details and contact numbers of key professionals involved in the care and support of the residents.

There was a directory of residents that included all the elements required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance systems and process in this centre were creating a positive culture of good governance and accountability. This was leading to very good outcomes for the residents, who were safe and receiving good quality care and support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a clear contract of care in place which had been signed by the resident. These contracts set out the terms of their residency and had also been provided in easy-to-read versions. The contracts were informative and were consistent with the care, support and planning documentation reviewed by the inspector on the day of the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider was submitting notifications as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to achieve the best possible health and social care outcomes, and had many opportunities to engage with their local communities. While some of the residents' plans have changed as a result of COVID-19, the residents were being supported to explore alternative goals and activities to good effect. Residents appeared happy and safe and were noted to be very comfortable with the staff and in their surroundings.

Residents were being actively supported to exercise their rights. There was good evidence of weekly communication with the residents about activities they would like to do, or food choices they would like to make. There were no restrictions on the residents' movements and they were able to actively participate in and direct their lives as they chose. The provider's approach to person-centred planning was very good, with clear evidence of engagement through each step of the process with the residents. Each resident was encouraged to direct their own care plans and this had resulted in the provider working in collaboration with the residents to achieve realistic and meaningful goals. For example, one resident wanted a new phone, and had worked with their support staff to devise a target and realistic plan to achieve this. The inspector saw a number of meaningful social and personal goals developed with each resident, and very good evidence of their progress towards these being achieved. Each resident's healthcare plan was clearly documented and subject to regular and ongoing review. Residents were supported to achieve the best possible health and there was very good documentation of regular medical reviews. In addition, and where required, residents had contact with allied healthcare professional and community nursing teams to support them with their healthcare needs.

The provider has implemented suitable arrangements for the safeguarding of residents. There was a policy in place to guide safeguarding practice and all staff had completed safeguarding training, both for adults and children. The provider had notified the Chief Inspector of three safeguarding concerns and the inspector reviewed the documentation the provider held on the management and resolution of these issues. This documentation demonstrated that the provider had followed their own procedures in the reporting of these safeguarding concerns and had developed clear safeguarding plans for each eventuality, which were subject to ongoing review. Where required these were used to develop risk management plans and influenced other care and support plans as required. Where necessary the provider had made referrals to the gardai in order to fully safeguard the residents.

Where required, the provider had developed positive behaviour support plans. These had been developed in partnership with the resident and a behaviour support specialist. These plans were clear and easy-to-read and the inspector found that they would provide good strategies for staff to support residents with behaviours

that may challenge. The provider had notified the Chief Inspector of a restrictive practice, relating to smoking. The inspector reviewed the records and documentation relating to this issue and found that the provider had completed extensive work with the resident to devise a supportive plan in relation to smoking, in line with their own wishes. The inspector noted that this was regularly reviewed with the resident to ensure that they continued to be supportive of the plan.

The systems and process in place for the management of medication were clear. Each medication was supported by a prescription and an administration protocol. Medication records included a description of the medication, what it was used for and when and how it should be administered. Medication was securely stored and there were suitable audits in place to ensure good medication administration practices were in place in the centre.

There was a clear risk management policy in place which included all of the elements required by the regulations. This inspector noted that this policy provided a good guide for staff in the detection, assessment and control of risks. There was a local risk management template for central risks associated with the service, resident specific risks formed part of their overall case record. Each risk assessment was subject to review by the provider's manager and, where necessary, risks could be escalated to the corporate risk register through the risk management health and safety group, should the risk likelihood and impact score meet the threshold for escalation. The inspector reviewed a sample of risks and found that there were sufficient controls in place for the management of risks and that (where required) the person in charge had put in place measure to reduce the likelihood of risks occurring.

The provider had a policy in place for protection against infection. The inspector noted that the provider had fully adopted national guidance on the management and prevention of an outbreak. It was very evident that residents had been supported to understand the risk of infection and the impact of COVID-19. One resident was able to talk about hand washing and cough etiquette and had been supported by staff to understand the importance of social distancing. During a walk around of the centre, the inspector noted that the provider had ensured that there were suitable facilities available for hand sanitising and cleaning. Staff were observed, where required, to be using appropriate personal protective equipment (PPE) including face masks, in accordance with current public health guidance.

The provider has put in place suitable arrangements for the detection of fire. There was a suitable alarm and fire / smoke detectors located in each room of the premises. There were suitable measures in place to control the spread of fire, with fire resistant doors located throughout the centre. In addition, fire extinguishers were located throughout the centre, and there was evidence that these were subject to servicing. There was emergency lighting in place throughout the centre, and fire alarm buttons were located on each floor so that residents and staff could raise an alarm in the event of a fire.

Although each resident was able to independently mobilise, each resident had a personal emergency evacuation plan in place. These set out the support or prompts

that each resident would need in the event of a fire. Fire drills records demonstrated that the person in charge and provider were learning from the drills and using them to develop and evolve each residents personal emergency evacuation plan.

Regulation 13: General welfare and development

Residents were supported to achieve the best possible social care outcomes, and had many opportunities to engage with their local communities. While some of the residents' plans have changed as a result of COVID-19, the residents were being supported to explore alternative goals and activities to good effect.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a clear risk management policy in place which included all of the elements required by the regulations. This inspector noted that this policy provided a good guide for staff in the detection, assessment and control of risks. There was a local risk management template for central risks associated with the service and resident specific risks formed part of their overall case record. The inspector reviewed a sample of risks and found that there were sufficient controls in place for the management of risks and that (where required) the person in charge had put in place measure to reduce the likelihood of risks occurring.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a policy in place for protection against infection. The inspector noted that the provider had fully adopted national guidance on the management and prevention of an outbreak. It was very evident that residents had been supported to understand the risk of infection and the impact of COVID-19. The provider had ensured that there were suitable facilities available for hand sanitising and cleaning. Staff were observed, where required, to be using appropriate personal protective equipment (PPE) including face masks, in accordance with current public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The provider has put in place suitable arrangements for the detection and containment of fire, these were supported by clear and effective plans for the evacuation of the centre, in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The systems and process in place for the management of medication were clear. Each medication was supported by a prescription and an administration protocol. Medication records included a description of the medication, what it was used for and when and how it should be administered. Medication was securely stored and there were suitable audits in place to ensure good medication administration practices were in place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Person-centred plans had been developed with each resident and there was very good evidence that these were being achieved in accordance with the residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Each resident had a personal healthcare plan in place, which demonstrated they had timely support from their GP and other healthcare professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required the provider had developed positive behaviour support plans. These had been developed in partnership with the resident and a behaviour support specialist. These plans were clear and easy-to-read and the inspector found that they would provide good strategies for staff to support residents with behaviours that may challenge.

Judgment: Compliant

Regulation 8: Protection

The provider has implemented suitable arrangements for the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were being actively supported to exercise their rights. There was good evidence of weekly communications with the residents about activities they would like to do, or food choices they would like to make. There were no restrictions on the residents' movements and they were able to actively participate in and direct their lives as they chose.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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