

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

Issued by the Chief Inspector

Name of designated centre:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Announced
Date of inspection:	23 July 2024
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0036116

About the designated centre

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

Whitehall Lodge is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to five adults with a disability. Whitehall Lodge aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of five resident bedrooms, a staff bedroom, communal sitting rooms, an open plan kitchen and dining room, a utility room, and bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 July 2024	09:30hrs to 14:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre.

Overall, the inspector found that the centre was operating at a good level of compliance with the regulations, and that residents had a good quality of life, and were happy and safe living in the centre. However, some aspects of the service required improvement, and are discussed further in the quality and safety section of the report.

The centre comprised a large single-storey house in a busy Dublin suburb. There was no vehicle available in the centre for residents to use. However, it did not impact on them accessing their community as the centre was within a short walking distance of many amenities and services, including shops, pubs, parks, and public bus routes. Some staff were insured to drive their own cars while working, and residents also occasionally used taxi services.

The inspector carried out a thorough walk around of the house with the person in charge. The house was bright, clean, well-maintained, and provided ample communal space. Residents had their own bedrooms, which were decorated in line with their tastes. The house was nicely furnished and decorated, and presented a homely and comfortable environment. Residents' artwork and pictures were displayed in the communal areas, and there was a large notice board in the kitchen with information on topics of interest, such as the menu, complaints and advocacy services.

There were some restrictive practices implemented in the centre. However, overall, the inspector observed an open and restraint-free environment. The inspector also observed good fire safety precautions, such as provision of fire detection and fighting equipment. The premises, restrictive practices, and fire safety are discussed further in the quality and safety section of the report.

On the day of the inspection, there were three residents living in the centre and two vacancies. Two residents were not present during the inspection as they were attending their day services. However, one resident was present and happy to speak with the inspector. They told the inspector that they were well, and liked everything about the centre. They got on well with their housemates, described the staff as being "kind", and was satisfied with the support they received. They said that their bedroom was comfortable, and they enjoyed the food in the centre. They could make decisions about how they spent their time, and enjoyed attending their day service, eating out, and going to the local shopping centre. They also kept in regular contact with their family, and said that their family could visit the centre without any

restriction. There was a rights restrictions affecting the resident which was implemented for their safety. They told the inspector that they understood the reason for the restriction and was happy for it to be in place. They said that they could talk to any of the staff if they any problems.

During the inspection, the resident received a visit from the provider's occupational therapist to assess their mobility needs, and later in the afternoon they went out for lunch with staff. The inspector overheard and observed the occupational therapist, person in charge, and staff on duty supporting the resident with their assessment. They engaged with the resident in a very kind, professional, and respectful manner. For example, they asked for the resident's consent, used easy-to-understand terms, and consulted with them throughout the assessment. They also spoke with the resident in a very warm and familiar manner as they conversed.

The inspector also observed the person in charge kindly and promptly responding to the residents' needs. For example, they helped the resident chose a jigsaw to complete, and shared jokes together.

In advance of the inspection, residents were supported by staff to complete surveys on what it was like to live in the centre. Their feedback was positive and indicated that they felt safe, had choice and control in their lives, got on with their housemates, could receive visitors, and were happy with the services available to them in the centre.

The inspector found that effective arrangements were in place to support residents to communicate their wishes, and make decisions about the centre and the care they received. For example, residents attended house meetings, where they planned their menu, activities, and discussed different topics relevant to the operation of the centre such as potential admissions to the centre. In addition to the house meetings, residents attended individual meetings where they were supported to plan personal goals,

The provider's recent annual review of the centre had also ensured that residents (and their representatives) were consulted with and given the opportunity to express their views on the service provided in the centre. The feedback received was positive, and similar to the questionnaires; residents were happy, safe, and received good care and support from the staff team.

The inspector spoke with the person in charge, service manager, and a social care worker during the inspection. The person in charge told the inspector that residents had a good quality of life, and that the arrangements in place to meet their needs such as staffing were appropriate. However, some residents' needs were changing, and the person in charge was mindful that they required ongoing assessment (the service was operated using a social care model, and high support medical needs could not be met in the centre). The person in charge was knowledgeable on the residents' individual personalities and told the inspector about their interests, preferences, and hobbies. They had no concerns, but felt confident raising any with the service manager.

The service manager told the inspector about some of the restrictions in the centre,

and that they planned to review them in more depth with the person in charge to ensure that they were applied in line with the provider's policy. They also spoke about how the resident vacancies were being planned for, and demonstrated that potential admissions were taking place in a safe and considerate manner for the benefit of the potential and current residents.

The social care worker told the inspector that residents received a good service in the centre, and had choice and control in their lives. They had no concerns for residents' safety wellbeing or safety. They were knowledgeable on the matters discussed, such as the residents' modified diets and fire evacuation procedures.

Overall, the inspector found that the centre was well-managed and resourced. Residents were happy living in the centre, and were in receipt of a safe service. Some residents were presenting with changing needs. However, at the time of the inspection, appropriate arrangements were in place to meet their needs and individual wishes.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This announced inspection was carried out as part of the provider's application to renew the registration of the centre. The inspector found that the application contained the required information set out under the associated regulation and the related schedules, including an up-to-date statement of purpose, certificate of insurance, and residents' guide.

Overall, the inspector found that there were effective management systems in place to ensure that the service provided to residents living in the centre was safe, consistent, and appropriate to their needs. The provider had also ensured that the centre was well-resourced. For example, the provider's multidisciplinary team were responding to residents' changing needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge reported to a service manager, and there were effective arrangements for them to communicate with each other.

The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were based in the centre and demonstrated a rich understanding of the individual residents' personalities and needs. The person in charge had ensured that adverse events were notified to the Chief Inspector of Social Services in accordance with regulation 31.

The registered provider and person in charge had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The registered provider had provided an effective complaints procedure. The procedure was in an easy-to-read format, and was available to residents in the centre. There were no open or recent complaints.

The staff skill-mix consisted of social care workers, and there were no vacancies. The person in charge was satisfied that the skill-mix and complement was appropriate to the assessed needs of the current residents. Staff were required to complete training relevant to their role, and as part of their professional development.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal supervision meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed the staff team meeting minutes from March to July 2024. The minutes reflected discussions on residents' updates, incidents, health and safety, staff training, infection prevention and control, fire safety, safeguarding, and risk assessments.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules. For example, the residents' guide and statement of purpose.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in social care and management. They had commenced in their role in May 2024 having previously worked as the deputy manager of the centre.

The person in charge was very familiar with the residents' needs and wishes, and

ensured that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix of social care workers was appropriate to the number and assessed needs of the residents living in the centre at the time of the inspection. There were no vacancies. However, staff leave was covered by relief and agency staff to provide continuity of care for residents.

The resident spoken with told the inspector that they knew the staff working in the centre, and were very happy with the care and support they received from them.

The person in charge maintained planned and actual staff rotas. The inspector viewed the June, July and August 2024 rotas. The person in charge made minor amendments during the inspection to ensure that they were clearer to understand.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, emergency first aid, manual handling, supporting residents with modified diets, infection prevention and control, human rights, positive behaviour support, and fire safety. The training records viewed by the inspector showed that staff were up to date with their training requirements. Some staff were due refresher training, which had been scheduled by the person in charge.

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision policy, and records of formal supervision were maintained.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to

residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided in the centre was safe and effectively monitored. The inspector also found that the centre was well-resourced in line with the statement of purpose. For example, the staffing arrangements were appropriate to the residents' current needs, and the premises were well-maintained.

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was full-time and based in the centre. The person in charge reported a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate, including regular meetings and sharing of comprehensive governance reports. The inspector viewed the recent reports, and found that they were wide in scope to inform the management team on the running of the centre. The person in charge said that the service manager was very supportive, and that they could escalate any concerns to them.

The provider had implemented good systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews (which had consulted with residents and their representatives) and six-monthly reports were carried out, along with a suite of audits in the areas of health and safety, safeguarding, fire safety, medicine management, and infection prevention and control. The audits identified actions for improvement where required, which were monitored to ensure progression. For example, the May 2024 health and safety audit identified mould in the laundry room, which was subsequently treated.

There were effective arrangements for staff to raise concerns. Staff spoken with told the inspector that they could raise any concerns with the person in charge. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. It was last reviewed in May 2024, and was available in the centre to residents and their representatives. A minor revision to the

statement was required to ensure that the staffing details were accurate.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents, as detailed under this regulation, which had occurred in the centre were notified to the Chief Inspector. For example, the inspector reviewed a sample of the records of incidents that had occurred in the centre in the previous eighteen months, such as outbreaks of infection, serious injuries and allegations of abuse, and found that they had been notified in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had implemented an effective complaints procedure for residents, which was underpinned by a written policy. The inspector viewed the policy and found that it outlined the processes for managing complaints, the relevant persons' roles and responsibilities, and information for residents on accessing advocacy services. The procedure had been prepared in an easy-to-read format and was readily available in the centre. There were no open or recent complaints.

There was also information on the kitchen notice board about advocacy services, and the topic had been discussed at residents' meetings to aid their understanding of it.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents had a good quality of life, and the resident spoken with told the inspector that they were happy living in the centre and with the services provided to them. The inspector observed a homely and relaxed environment, and staff working in the centre engaged with the resident in a very kind, respectful and warm manner. However, some improvements were required to aspects of the service, under regulations 6, 7, and 8, to ensure that full compliance

was met.

Residents were supported to make decisions about their care and support, and on the running of the centre. The provider had implemented effective systems and arrangements to ensure that the centre operated in line with a human rights-based approach to care and support. Residents had active lives, and were supported to participate in activities in accordance with their interests and needs, such as attending day services, using local amenities and services, and spending time with their families. Families could freely visit residents in the centre.

The person in charge had ensured that residents' healthcare needs had been assessed. The assessments and associated plans reflected a wide range of multidisciplinary team services input. The inspector viewed two residents' healthcare plans. They were readily available to guide staff practice. However, some plans required further development. Further documented evidence was also required to show that residents were supported to avail of national screening programmes.

Residents were supported to manage their behaviours of concern. Some restrictive practices were also implemented for their safety. The inspector found that the management and oversight of night-checks of residents required improvement to ensure that they were being implemented in line with the provider's policy and evidence-based practice.

The provider had implemented arrangements to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse, and the provider's social work department were available to oversee safeguarding plans. Safeguarding concerns were appropriately reported. However, the implementation of safeguarding plans required improvement to ensure that actions were fulfilled.

The premises comprised a large single-storey house located in a busy Dublin suburb. The house was close to many amenities and services. The house comprised individual residents' bedrooms, and communal spaces, including sitting rooms, a small utility room, an open-plan kitchen and dining room, and bathrooms. There was also a large rear garden, and staff office. Overall, the house was bright, clean, homely, comfortable, and nicely decorated.

The kitchen was well-equipped for residents to store and prepare food, and there was a good selection of food and drinks for them to choose from. Residents with modified diets had written plans to guide staff on their needs, and staff had completed training in this area.

The inspector observed good fire safety precautions. For example, there was fire-fighting and detection equipment throughout the house, and staff had received fire safety training. Individual evacuation plans had also been prepared, and were tested as part of regular fire drills.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes. The premises provided suitable communal facilities and private space for residents to spend time with their visitors

Judgment: Compliant

Regulation 17: Premises

The centre comprised a large single-story house in a busy suburb close to local amenities and services, such as shops, public transport links, and cafés. The premises were found to be appropriate to the needs of the residents living in the centre at the time of the inspection.

The premises was clean, spacious, bright, homely, nicely furnished, and well maintained. The communal space included two sitting rooms, and an open-plan kitchen and dining room. There was also a large rear garden for residents to use. The garden was an inviting space with mature trees, a variety of fruit and vegetables, and seating furniture. There were also raised planting beds that were accessible for wheelchair users to use. There were sufficient bathroom facilities, and the kitchen was well equipped. Residents' bedrooms were personalised to their tastes. The resident spoken with told the inspector that they were very happy with the premises.

Since the previous inspection of the centre in March 2023, parts of the premises had been upgraded, including full refurbishment of the kitchen and new flooring in the small sitting room.

The provider had ensured that specialised mobility equipment, such as shower chairs, wheelchairs, and electric beds, was available to residents as required. There were also arrangements to ensure that the equipment was kept in good working order, such as servicing as required.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to be involved in the purchase, preparation and cooking of their meals as they wished.

The inspector observed a good selection and variety of food and drinks, including

fresh food, in the kitchen for residents to choose from, and it was hygienically stored. The kitchen was also well-equipped with cooking appliances and equipment. Residents planned their main meals on a weekly basis, but they could also make decisions on a daily basis. The menu was displayed on a notice board in the dining room. There was an appetising aroma from meals being cooked which were in line with the menu for that day. The resident spoken with told the inspector that they liked the food in the centre. Some residents liked to grocery shop and occasionally bake, while others preferred not to. Resident also enjoyed occasional takeaways, and eating out.

Some residents required modified diets. Associated care plans had been prepared by the provider's speech and language therapy service to guide staff in preparing residents' meals. The inspector found that the plans were up to date and readily available in the centre. The inspector also observed that appropriate foods were available to residents with specialised diets such as gluten free diets, but stored separately from foods eaten by other residents to avoid cross contamination.

Staff had received training in supporting residents with modified diets, and the inspector found that staff spoken with were knowledgeable on the contents of the associated care plans.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. It had been reviewed in May 2024, and was written in an easy-to-read format using pictures. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented effective fire safety precautions in the centre.

There was fire detection and fighting equipment, and emergency lights, and it was regularly serviced to ensure it was maintained in good working order. The inspector released a sample of the fire doors, including bedroom doors, and observed that all doors closed properly. The exit doors were fitted with easy-to-open locks to support prompt evacuation.

There was arrangements for reviewing the fire precautions. Staff completed regular checks of the equipment and escape routes, and the person in charge completed a more extensive quarterly check. The provider's fire safety officer had also completed a fire safety report in July 2024 to ensure that appropriate precautions were in place.

The person in charge had prepared evacuation plans which outlined the supports residents required to evacuate the centre. The inspector found that the plans were up to date. However, the overall fire evacuation plan required updating to incorporate handwritten amendments made to it. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the fire plans.

Staff had completed fire safety training, and fire safety was also discussed with residents at their house meetings to remind them of the precautions

Judgment: Compliant

Regulation 6: Health care

Overall, the registered provider and person in charge had ensured that residents received appropriate health care.

The service operated under a social care model, and residents had access to the provider's multidisciplinary team and community healthcare services as they required. For example, general practitioners, dentists, psychiatrists, psychologists, speech and language therapists, occupational therapists, podiatrists, ophthalmologists, and specialist services such dementia nursing. However, the inspector found that one resident was overdue a dental visit.

Written support plans had been prepared and were readily available in the centre, to inform staff on residents' healthcare needs and the associated interventions to be followed. However, there was an absence of a cohesive dementia care plan that consolidated the support needs of the resident concerned. Discrepancies were also noted between a resident's epilepsy care plans.

Some residents were eligible to avail of National Screening Services, such as BreastCheck and CervicalCheck. The inspector was told that those residents had been supported to avail of the screenings if they wished to. However, one resident's decision to not avail of a specific check was not documented.

Residents were supported to understand their health conditions. For example, some residents had recently attended an information morning organised by the provider in October 2023 on preventing falls.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that residents received support to manage their behaviours of concern as required. Support plans had been prepared, and were found to be up to date and readily available to guide staff on the interventions to be followed. Staff had also completed behaviour support training to inform their practices and understanding of positive behaviour support.

There was a small number of restrictive practices implemented in the centre. The inspector reviewed the documentation in relation to night-time checks of two residents. The recording of the checks was inconsistent. For example, the checks were not recorded on eleven dates in June 2024. Therefore, it could not be demonstrated that the checks were being implemented consistently.

The inspector also found the associated care plans were insufficiently detailed to guide staff practice. They required more specific information on how the checks were to be carried out to ensure that they were done in a manner that was least invasive as possible. The checks had recently been referred to the provider's oversight group for approval, and approval had not yet been granted.

The person in charge and service manager had already identified that the management of these practices required more consideration to ensure that they were applied in line with the provider's policy, and were planning a formal review of them.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse, which were underpinned by a written policy. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to.

The provider's social work department also provided guidance and oversight as required. For example, they carried out an audit in May 2024 of safeguarding incidents and the associated documentation. The inspector found that previous safeguarding incidents had been appropriately reported and associated plans were put in place. However, the inspector found that not all measures outlined in a recent safeguarding plan had been implemented, such as the development of a specific plan. Therefore, it was not demonstrated that all agreed actions were taken to safeguard residents against the risk of abuse.

Intimate care plans had been prepared for residents. The inspector viewed two plans. One plan was not sufficiently detailed to ensure that it adequately guided staff in delivering care to the resident in a manner that respected their dignity and bodily integrity.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider and staff team had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. The inspector found that residents had control in their lives and were being supported to exercise their rights, and be active participants in making decisions about their lives and in the running of the centre. Positive examples of how residents' rights were promoted in the centre, include:

- The provider and management team had advocated for a resident to overcome barriers in opening their own bank account. Their endeavours were time intensive, however have resulted in the resident now having control over their own finances. The person in charge told the inspector about how this was having a positive impact on the resident's life. For example, they could now freely access and spend their own money as they wished.
- Residents attended weekly house meetings to discuss matters related to the running of the centre. The inspector reviewed the meeting minutes from July 2024, and found that a wide range of topics were discussed, such as the weekly menus, the upcoming inspection, social activities, advocacy services, fire safety, and infection prevention and control. The residents had also been consulted with during the meetings regarding the storage of their money in the centre, and they indicated that they were satisfied with the current arrangements.
- Residents were also being communicated with about the admission of new residents to the centre. For example, they had been kept up to date on the transition plans of potential residents, such as how they would be visiting the centre, and were informed when a planned admission was no longer taking place.
- Residents had active lives, and were supported to engage in activities in line with their individual needs, wishes, and abilities. Residents enjoyed attending day services, spending time with their families, going on day trips, and using local leisure and recreational amenities, as well as relaxing in their home.
- The inspector observed residents being treated with the utmost respect and dignity during the inspection.
- The provider had arranged for staff to complete human rights training to inform their practices. Staff spoken with told the inspector that they found the training useful to encourage reflective practice and for the ongoing promotion of residents' rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Whitehall Lodge OSV-0002396

Inspection ID: MON-0036116

Date of inspection: 23/07/2024

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 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: <ul style="list-style-type: none"> • Staff supported one resident to attend a dental appointment on 07/08/2024 • One resident’s epilepsy care plan has been updated. 04/08/2024 • One resident’s dementia care plan will be updated by staff to include all relevant information. • The CNS in dementia is scheduled to attend a staff meeting to offer support and guidance to staff (22/08/2024). • Staff will support one resident to make an informed decision with regards to availing of national screening services and will document this decision in the resident’s individual file. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> • The PIC has reminded all staff about the importance of documenting nightly checks. This will also be discussed at the next staff meeting on 22/08/2024. • The PIC will ensure that all care plans pertaining to nightly checks are updated to guide staff with the necessary information to complete checks in a way that is least invasive for residents. • ICM meetings have been scheduled to discuss restrictive practices for two residents. • The SMH policy for restrictive practices will be discussed at the staff meeting on 22/08/2024. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none">• A specific support plan has been developed for one resident as agreed in their safeguarding plan 04/08/2024• One resident's intimate care plan has been updated to guide staff in delivering care to the resident in a way that ensures their dignity and bodily integrity is promoted and respected. 04/08/2024	

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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	04/08/2024
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	30/08/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	31/10/2024

	such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/10/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/10/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	04/08/2024
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff	Substantially Compliant	Yellow	04/08/2024

	providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.			
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