



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

Issued by the Chief Inspector

Name of designated centre:	Tower Lodge
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0005844
Fieldwork ID:	MON-0038625

About the designated centre

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

Tower Lodge can provide a residential support service to seven people with a moderate to severe Intellectual Disability. The service can accommodate both men and women over 18 years. The service can also support people who have secondary diagnoses, including autism, hearing Impairment and neurological conditions. Supports are provided seven days per week, based on the assessed needs of each resident. Staff support is available daily and is flexible to ensure people are able to attend events of their choosing as and when desired. At night, there is a waking night staff in place to support the residents. Tower Lodge is comprised of two detached houses. One on the outskirts of small town in Co. Mayo and the other is in the town. Each person has their own bedroom. Each house has sitting rooms, kitchens with dining areas, adequate bathroom facilities, and separate utility room with laundry facilities. There are gardens to the front and rear of both houses. Residents are supported by a staff team that includes the person in charge, nurses, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Wednesday 22 February 2023	12:00hrs to 17:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

It was clear from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the management team and staff prioritised the wellbeing and quality of life of residents. However, there were some aspects of infection control management that had the potential to impact negatively on residents' safety.

The centre was equipped to meet the specific needs of the people who lived there and to enhance the levels of safety and comfort for them. Suitable facilities, furniture and equipment were provided to meet the needs of residents. Some features of the building included fully-accessible bathrooms, hoists, extra wide doors and corridors, and grip bars in bathrooms. There were televisions, a wide selection of games, DVDs, and music choices available for residents' entertainment and both houses had Internet access.

There was adequate communal and private space for residents. Both houses had sitting rooms, well-equipped kitchens, dining areas and utility rooms with laundry facilities. All residents had their own bedrooms and were happy for the inspector to see their rooms. The inspector saw a sample of bedrooms, which were suitably furnished and equipped, and personalised with items that were important to residents. For example, one resident had displayed family photographs and a selection of medals achieved for victories in sporting events. There were sufficient bathrooms in the centre and some were fitted with assistive equipment to increase the safety and independence of residents who needed this support. Houses also had accessible gardens where residents could spend time outdoors.

The inspector met with the residents who lived in the centre, and these residents communicated with the inspector in various ways. Some of the residents did not have the verbal capacity to speak with the inspector or to discuss their lives there, while others spoke only briefly with the inspector. However, during the course of the day, the inspector saw how residents spent the day, and observed the interaction between residents and staff.

All residents were at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences.

Residents were doing various things that they enjoyed during the day. One resident chose to relax in the sitting room. This room had a calm atmosphere with gentle music, soft lighting and relaxing scenes playing on a wide screen television. The

resident appeared very comfortable and relaxed. As it was Ash Wednesday, others had chosen to go for an outing to Knock and these residents said that they had enjoyed going there. The inspector met some residents while they were having lunch and they said that they liked the food that they were having, and that they always enjoyed the meals in the centre.

There was information supplied to residents to assist their knowledge and understanding of infection control, and how to keep themselves safe. Information was made available in accessible formats and this was discussed at residents' meetings. There was also a procedure, supported by residents' representatives, for assessing residents' views and preferences regarding vaccination programmes.

Overall, it was clear that residents who availed of this service enjoyed a good quality of life, that their welfare and wellbeing were actively promoted.

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. Although there were arrangements in place to protect residents from infection, some aspects of infection control required improvement to ensure that the safety of residents would be maintained. This is further discussed later in this report.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported. There were many processes in place to safeguard residents from infectious diseases, including COVID-19. However, significant improvement was required to various aspects of infection control policies and auditing systems, to ensure that good infection control would be maintained.

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between residents and staff throughout the day.

There was a clear organisational structure in place to manage the service. There was a person in charge who was solely responsible for the management of this. The person in charge was present in the centre each weekday, and worked closely with residents, staff and with the wider management team. There were arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These

resources included the provision of a suitable, safe and comfortable environment, in addition to hand sanitising gels throughout the buildings, supplies of disposable gloves and aprons, personal protective equipment (PPE), and cleaning materials and equipment.

The provider had developed a contingency plan for the management of the infection should it occur. However, although the contingency plan was informative, it required improvement to reflect the individualised arrangements for each resident in the event of isolation being required.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of infection control management was being provided and maintained. An audit schedule was in place for 2023, and auditing was being carried out as planned. Audits that focused on aspects of infection control included weekly legionella monitoring and cleaning audits, monthly health and safety audits, and quarterly training audits. A detailed infection control audits had also been carried out by an auditor external to the centre.

Improvement was required, however, to the effectiveness of cleaning audits. Although the centre's cleaning audits recorded an ongoing high level of compliance with cleaning tasks, some of these areas reviewed had not been found suitable during the external auditor's infection control audit. Improvement was also required to the frequency of the provider's unannounced audits of the centre, which were not being carried out every six months as required by the regulations.

There were measures in place in the centre to ensure that staff were informed of infection control protocols and practices. All staff had received training in various aspects of infection control, such as training in hand hygiene, and use of personal protective equipment (PPE). The provider had also ensured that a range of guidance documents, policies and procedures were available to inform staff of best infection control practices. However, the infection control policy was out of date, and the food safety policy required review to ensure that it contained suitable information to guide staff.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. This included adherence to national public health guidance, staff training and provision of information about infection control and COVID-19 to inform staff and guide practice. These measures were effective and none of the residents had contracted COVID-19 during the pandemic. Overall, while there was evidence that a good quality and safe service was being provided to residents, some arrangements in the centre did not protect residents from the risk of infection. Improvements to some internal surface finishes and to the documentation of the cleaning schedule were required to ensure

that effective cleaning could consistently be carried out.

The centre was two houses, in a rural town. One was in a residential area near the town centre and the other was nearby on the outskirts of the town. The location of the centre enabled residents to visit the shops, coffee shops, restaurants, bar and other activities in the town. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee and restaurant meals, housekeeping tasks, table-top games and crafts, personal treatments and music. There was also a well maintained and furnished accessible garden where residents could spend time outdoors.

During a walk around the centre, the inspector found that it was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. Both houses were kept in a clean and hygienic condition throughout. The kitchens in both houses were bright and comfortable, and were well equipped with readily cleanable and suitable equipment for cooking and food storage. Surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious materials which could be easily cleaned.

A supply of colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. Both houses had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice. There was a plentiful supply of face masks, and staff were wearing face masks at all times during the inspection.

Good waste management arrangements were also in place in the centre which increased infection control safety. Refuse collection was supplied by a private contractor and bins were suitably and hygienically stored while awaiting collection. Arrangements were also in place for the segregation, storage and disposal of clinical waste.

Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and were assisted to make informed decisions about whether or not to become vaccinated.

Family contact and involvement was seen as an important aspect of the service. Although visiting restrictions had been in place during the earlier part of the COVID-19 pandemic, visiting has now fully returned to normal in line with national public health guidance.

Regulation 27: Protection against infection

There were good measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. There was a contingency plan to manage infectious outbreaks, all staff had training in various aspects of infection control, and there was a cleaning plan in place. Furthermore, the centre was clean and well maintained, and surfaces in bathrooms were smooth, durable and easily-cleanable. However, some arrangements in the centre did not protect residents from the risk of infection and required improvement. These included auditing, policies and contingency planning.

- the infection control contingency plan did not include the individualised arrangements for each resident in the event of isolation being required
- the provider's unannounced audits of the centre, which were not being carried out every six months as required by the regulations
- there were inconsistencies in the centre's audit findings. Some of the areas examined and found compliant during the centre's cleaning audits, had not been found to be suitable during the external auditor's infection control audit
- the microwave oven in one house was recorded in having been sanitised daily, although the microwave oven had been found to be dirty internally and externally by the external auditor
- while the external audit clearly stated areas where deficits were found, no documented action plan had been developed to address these issues
- the infection control policy was out of date since May 2022
- the food safety policy did not provide sufficient information to guide staff.

Judgment: Not 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	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Tower Lodge OSV-0005844

Inspection ID: MON-0038625

Date of inspection: 22/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1) The infection control contingency plan did not include the individualised arrangements for each resident in the event of isolation being required:</p> <p>The contingency plan has since been adapted to include bespoke plans for each individual living in Tower Lodge Service.</p> <p>2) The provider's unannounced audits of the centre, which were not being carried out every six months as required by the regulations:</p> <p>The most recent Regulation 23 Inspection was carried out on December 6th. A schedule has been put in place to regulate the frequency of these inspections and ensure that they are conducted every 6 months.</p> <p>3) There were inconsistencies in the centre's audit findings. Some of the areas examined and found compliant during the centre's cleaning audits, had not been found to be suitable during the external auditor's infection control audit; the microwave oven in one house was recorded in having been sanitised daily, although the microwave oven had been found to be dirty internally and externally by the external auditor:</p> <p>The practice of recording the date and time of audit has been implemented. This will reflect the possibility that appliances may have been used and dirtied inbetween cleaning and auditing. If appliances are found to be unsatisfactory during inspection, this will be an immediate/on the spot action and recorded as part of the audit findings and actions. The cleaning schedule has also been reviewed to ensure that all appliances and areas within the homes are included in the schedule for cleaning.</p>	

4) While the external audit clearly stated areas where deficits were found, no documented action plan had been developed to address these issues:

The community nursing team and infection control practitioners have amended the template as a learning outcome from this inspection report. The template now ensures that actions are clearly identified, a person responsible is identified, there is a timeframe for completion and a follow up with the manager to ensure that the actions are completed and/or followed up on.

5) The infection control policy was out of date since May 2022:

This policy is under review currently and has been delegated to the Infection Control Practitioners within the service. The proposed date for the policy to be reviewed and signed off is May 25th at the Quality and Safety Meeting

6) The food safety policy did not provide sufficient information to guide staff:

The Food Hygiene Policy has been identified as requiring a review and staff were allocated this task on February 7th by the Director of Services. Work on policy updating is ongoing within Mayo Community Living currently and a deadline for June has been set for reviews of policies to be completed.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2023