



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

Issued by the Chief Inspector

Name of designated centre:	An Lochán
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	17 August 2023
Centre ID:	OSV-0005708
Fieldwork ID:	MON-0031686

About the designated centre

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

The designated centre provides a residential service to four adults who have an intellectual disability. Residents may also have mental health needs and associated behaviours of concern. The centre can also care for residents with medical health care needs and a combination of nurses, social care workers and care assistants support residents with their care needs. Two staff members attend the centre each day and there is also a staff member present during night-time hours.

The centre is a two storey house which is located in a suburban area of a large town and there is ample communal, kitchen and dining areas for residents. Public transport links were available to residents and transport was also made available by the provider.

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
Thursday 17 August 2023	10:30hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection monitor the provider's arrangements for regulatory compliance for the centre and to inform a registration renewal application the provider had submitted, as required by the regulatory cycle of the centre. As part of the inspection, the inspector met with staff on duty, and residents who lived in the centre. The person in charge was present and available on the day of the inspection, and they ensured that the inspector met with all of the residents and spoke at length with them during the inspection. In addition, the inspector met with two staff who were on duty and assisting all of the residents with their activities and outings as planned.

An lochan was located on the outskirts of a large town in Co. Mayo and had good access to a wide range of facilities and amenities. The centre is a self contained two storey house in close proximity to the town. The centre provides a full time residential service for up to four people. The centre had a spacious sitting room, large conservatory, well equipped kitchen and dining area, an office space, laundry facilities, a room for activities and a spare room was available at present. There were also adequate bathroom facilities in place. Overall, the inspector noted that maintenance work was completed satisfactorily following the last inspection, and the centre was well maintained, tidy and clean on the day of the inspection. The inspector found that the centre provided the residents with ample living space and a comfortable and personalised home throughout.

As said previously, the inspector met with all three residents throughout the course of the inspection and enjoyed conversations and hearing the residents experiences. On arrival the inspector was greeted at the door by a resident who introduced themselves, walked the inspector in and after the inspector had signed the visitors book, walked them around the house, with the person in charge. The inspector found that the resident was very comfortable and happy to show the inspector around their home and talk about their lived experience in the centre. Later in the day, the inspector met the remaining two residents. One had enjoyed a sleep in and got up at their leisure in line with their aging profile and choice. The third resident had returned from an activity with staff and while this resident is non-verbal, they gestured clearly and smiled at the inspector to sit with them. The inspector then observed the confidence and knowledge of staff as they interacted with the resident and clearly understood their communication style and preferences through this interaction. After this, a third resident was eager to show the inspector recent photos they had taken. This resident showed the inspector a photo they had taken with a local well-known radio person in the region and this was part of a day they had attended their day programme and completed a broadcast piece. The resident enjoyed telling the inspector of this experience, spoke of their time in congregated settings and their journey from the congregated setting to the community. The inspector found the resident spoke well and described in detail their experiences and the supports they had throughout this journey. This resident did seek reassurance from the inspector then that their home would not be affected. The inspector

reassured the resident and explained why they were present on the day. Staff were observed throughout the inspection engaging with residents warmly, respectfully and showed their knowledge and experience in supporting all residents appropriately. The residents then left the centre with staff to go on a planned outing for dinner in northwest mayo.

From speaking with the person in charge it was very clear that many measures were in place to protect residents while ensuring that they had a good quality person centred quality of life. It was also evident that the person in charge and staff team prioritised the residents choices and preferences in line with their aging profile, but also a person centred approach.

Overall, it was evident 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 they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff team prioritised the wellbeing, happiness and quality of life with residents.

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

Capacity and capability

Overall, the inspector found that the centre had maintained the governance and management arrangements in the centre, this meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessment of needs and care plans. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as social activities in-line with their aging profile.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular

team meetings and were supported with their individual professional development through one-to-one formal and informal supervision arrangements. All staff spoken with were clear about the management arrangements in place and were confident in contacting the person in charge or on-call manager as required.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

The provider's risk management practices were effective, subject to regular review and had put in place procedures to respond to adverse incidents which might occur. Staff were aware of and understood the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accidents and incidents, with the findings being regularly discussed with and incorporated into staff practices. This meant that staff were assessing and meeting the residents' needs.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. At the time of the inspection there were no active complaints in process.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application for its renewal of registration to the chief inspector in the form determined by the chief inspector and included the information set out in Schedule 1.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the centre and of the residents' care needs. He also had effective

systems in place to monitor the care and support provided to residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who had worked in the centre had received mandatory training in fire safety,behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. In addition, the person in charge had training scheduled in-line with their refresher cycle as required by the provider.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance was in place as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents were safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training.

There was a clearly defined management structure and staff reported to the person in charge. An annual review of the quality and safety of care and support had been completed and considered the views of the residents and their representatives. A six monthly unannounced visit by the provider had also been completed.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

There was a clearly documented register of all accidents and incidents that had occurred in the centre. Any events that required notifications, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There was a clearly defined procedure in place for when the person in charge is absent.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately. At the time of the inspection, there was no complaints in place in the centre.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date.

The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the houses.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. During the inspection, the inspector saw that residents were spending most of their time out and about doing things they enjoyed in the local area.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

On review of residents' rights the inspector found that residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. As described

individual activity choices were respected and provided for, as was residents' choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re occurrence inform learning.

Record keeping and documentation was found to be well kept, organised and informative. Records viewed during the inspection included personal planning, fire drills, healthcare plans, audits and risk management assessments.

The inspector found that the actions identified in the previous inspection in 2021 had been completed, and the person in charge had developed effective systems to ensure their oversight was effective in the delivery of care to residents. In addition, the inspector noted that the person in charge, person participating in management and staff were knowledgeable, and provided coordinated, and planned care for each resident based on their assessed needs.

Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice.

Judgment: Compliant

Regulation 12: Personal possessions

A record was kept of residents' personal possessions and valuables from admission and this was reviewed and maintained by the person in charge through regular audits.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their

assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The inspector noted the centre was clean, suitably decorated and comfortable throughout and met the requirements of schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents about the centre and service, and was also provided in a user friendly format, about staff on duty each day, residents' rights, how to make complaints, and personal planning. There was also a written guide to the service that met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate processes were in place to assess and mitigate identified risks.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the provider had ensured that adequate precautions had been taken against the risk of fire in the centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant