Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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:	Unannounced
Date of inspection:	28 June 2022
Centre ID:	OSV-0005708
Fieldwork ID:	MON-0031695

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

How we inspect

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 28 June 2022	09:00hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This is a centre that very much ensured residents are provided with the care and support they require. All efforts were made by staff to ensure residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Overall, this is a centre that prioritises the needs of residents in all aspects of the service delivered to them.

The purpose of this inspection was to monitor compliance with the regulations. The centre comprised of one house on the outskirts of Castlebar town, Co. Mayo. The house comprised of three residents, who had their own room with en-suite facilities, with adequate communal living space as well as ample external space to the rear of the centre. The house was well-maintained, suitably decorated, and personalised throughout the centre and to the tastes and choice of each resident. In addition, the person in charge outlined to the inspector several maintenance jobs but they had an actions plan in place which was time-bound. All staff spoken with were aware of the maintenance required and all spoke very positively of their maintenance team attached to the centre.

The inspector met with three residents briefly on the day of the inspection. Conversation was minimal with residents, and residents preferred to continue in their preferred and planned activities. For example, one resident enjoyed watching television but did not appreciate any noise or disturbance during this time. The inspector observed staff interacting with residents during the inspection and the inspector noted that staff interacted in a professional and appropriate manner at all times. In addition, the staffing team were observed managing a behavioural issue as per the residents' behaviour support plan. Furthermore, staff treated with residents with respect and that residents had choices in their daily lives and were actively involved in meaningful and worthwhile activities, and that the person in charge and staff prioritised person centred care to all residents. This was evident from observation of staff interaction and knowledge of the residents, the visit to the centre, conversations with the person in charge and staff on duty, and documentation reviewed during the inspection.

The provider and person in charge ensured that appropriate staffing was on duty at all times to meet the assessed needs of residents and as specified in their statement of purpose. These arrangements ensured that residents were as involved as possible in the planning of their daily care and running of their home, This was done through effective daily engagement between residents and the staff members supporting them. The staff were familiar with the residents and the service provided to them. The person in charge regularly reviewed the number and skill-mix of staffing levels, meaning that where residents required additional staff support, this was quickly identified and responded to. Furthermore, while the person in charge was responsible for two designated centres, they shared their time equally or prioritised support based on all the residents assessed needs, they were observed supporting

staff and residents on the day of the inspection.

In summary, the inspector found that residents' safety and welfare was paramount to all systems and arrangements that the provider had put in place in this centre. The provider ensured that residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home.

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 provided.

Capacity and capability

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations. The centre was last inspected in September 2020 and the findings were compliant in all areas reviewed. Overall, the inspector found 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 paramount. However,improvement was required in the governance of centre as a gap was noted in the unannounced reports of the centre.

There was a clear organisational structure to manage this centre and there was a suitable qualified and experienced person in charge. The person in charge was based in an office in close proximity to this centre as they were also responsible for another centre located nearby. The person in charge was frequently present in the centre and it was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team and was very involved in the oversight of infection control management in the centre.

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations. The centre was last inspected in September 2020, with very good findings of compliance in all areas reviewed on this inspection. In this inspection, the inspector found that there was a gap in the announced audits, the record for the November audit was not available on the day of the inspection. The provider was required to show that the annual review and report had been prepared, in consultation with residents and their representatives as required by the regulations. The inspector found that this was completed on the day of this inspection.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. The inspector

found that the person in charge went beyond the requirements of the regulations, and did promote effective oversight and accountability of the centre and provided a person centred care.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2021 which included the views of the residents and relatives. These were very complimentary as to the care and support provided.

The number and skill mix of staff was suitable to meet the needs of the residents at the time of inspection and on review of the staffing roster. In addition, the person in charge had increased the staffing level at night time to ensure adequate staffing support was in place throughout the centre.. The staffing levels ensured that the resident's individual support support and preferred activities were provided. From a review of a sample of personal files, the recruitment practices were safe with all required documents, and checks completed. On the day of inspection, the inspector noted that in two staff files, the provider was still awaiting receipt of up-to-date vetting as required by the regulations. In addition, one staff file had one reference instead of two also required by the regulation.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable about the supports necessary for the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good communication and consistency of care for the residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in the oversight of the care and support in the centre. The inspector observed and heard interactions between the person in charge, staff and residents which were all positive and focused on the care and support needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to the number and assessed needs of the residents in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information as specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Improvement was required as gaps were noted in the completion of the announced audits in the centre and this had not been identified in the most recent unannounced audit completed in February 2022.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service. it had also been updated to reflect the management change in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

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.

Residents knew how to make a complaint and who to approach for help with complaints.

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 well-being 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 comprised of one houses which were located on the outskirts of a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained in this house. 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. The inspector found that on the day of the inspection there was adequate staffing to support the residents assessed needs and choices. 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.

Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice. Communication was facilitated for residents in accordance with their needs and preferences.

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 to the premises was appropriate to meet the needs of the residents. The inspector noted that there was maintenance work required throughout the centre, but the person in charge provided assurance that this work was scheduled for completion following the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained information as specified by the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for An Lochán OSV-0005708

Inspection ID: MON-0031695

Date of inspection: 28/06/2022

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 6 monthly audits were completed in March 2021 and Feb 2022. There was a gap of 11 months. This was due to extended sick leave in the senior management team. Throughout this time area manager audits were completed to ensure governance. However external six monthlys were missed in August 2021. To rectify this going forward accross MCL, the registered provider has a schedule of Reg 23 audits in place to be completed by members of the senior management team including the Head of Service, General Manager and Disability Manager. This schedule is held by the director of services.	

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 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Substantially Compliant	Yellow	08/08/2022