



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

Issued by the Chief Inspector

Name of designated centre:	Leacain
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	23 May 2024
Centre ID:	OSV-0008112
Fieldwork ID:	MON-0035479

About the designated centre

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

Leacain provides a full-time residential service. It is based in an accessible bungalow, in a rural location, close to a seaside village. The service is provided for up to four residents with intellectual disabilities who are over the age of 18 years. Support is provided by a team of nursing and healthcare assistant staff. Staff are on active night duty in order to meet with the needs of the residents at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 23 May 2024	10:15hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013) and to inform a registration renewal application. The inspection was completed over one day and during this time, the inspector met with four residents, one family member and two staff. From what the inspector observed, it was clear that the residents living at this designated centre were enjoying a good quality life where they were supported to spend time with their families, to participate in the running of their home and be involved in their communities.

Leacain is a spacious bungalow located in a rural location surrounded by open countryside. Residents had access to dedicated transport and it was a short drive to the nearest town and local scenic amenities. The designated centre was a modern build home. The entrance was bright, spacious and welcoming. The kitchen was well equipped and there was a dining area nearby. Residents had the use of two sitting rooms. Both were warm and welcoming. Each resident had their own bedroom, and those viewed by the inspector were cosy and personally decorated. One resident had an en-suite, while others had the use of a spacious shared bathroom. An office for staff use was provided, however, it was discretely located which meant that it did not impact on the homely atmosphere. Resident had access to a large accessible garden, with pleasant areas to sit and relax.

Two additional residents were admitted to this centre since the last inspection. One resident on 06/04/23 and the second on 20/06/23. On arrival, the inspector met with one of these people in the sitting room. They told the inspector that they were waiting to go out with a staff member from their day service. They said that their family lived nearby and that they attended a family celebration recently which they enjoyed very much. They said that they liked the people that they lived with, that the staff were lovely and they loved their new home. It was clear that the provider had planned the resident's transition carefully and in consultation with their family. This impacted on its success.

Three other residents were in the second sitting room. One was relaxing on a comfortable chair. They were having a hot drink while watching videos they liked on a tablet device. The inspector noticed that they liked a particular cartoon character. Later, this person requested assistance from staff as they wanted to lie on their bed. Prompt support was provided. On invitation to the bedroom, the inspector found that the same cartoon theme was carried through to the décor of their bedroom. This showed that it was personalised in accordance with their preferences. The resident was observed cosy in their bed where they remained for a short rest.

A second resident was sitting on a new chair which they received the previous day. They appeared content as they spoke briefly about animals that they liked and told short stories about life with their family. Later, this resident's sibling came to visit

them. They agreed to speak with the inspector. They said that they felt hesitant when the resident initially moved from a congregated setting. However, the move was successful. They said they felt happy with the resident's current home, the staff team and the service provided.

The third resident held a short conversation with the inspector while listening to music. They told the inspector that they liked a particular artist. The inspector saw that the television provided had internet connectivity. This meant that the resident could choose music that they liked. They said that they enjoyed this. In addition, they spoke about their family and the town where they lived.

During the course of the inspection, the inspector spoke with two staff members. When asked, they told the inspector that they had access to training in human rights which was interesting and supportive. They said that the residents living at Leacain were equal participants in society and that they were entitled to make choices about their lives. For example, to stay at home on days that they wished to do so. They said that it was the job of the staff team to ensure that the residents were treated respectfully and that their dignity was protected. For example, to ensure that residents that required support with intimate care tasks were provided with this in a manner that respected their privacy.

In addition, the inspector met with the person in charge who facilitated the inspection. They gave the inspector four resident's questionnaires which were completed by residents with the support of their families or staff members. These questionnaires were designed to provide residents and their family members an additional means of providing feedback on the service provided. All responses returned positive feedback about the service provided, about the quality of residents' bedrooms, the kindness of the staff team and the compatibility of the group living together.

Overall, this inspection found that residents living at Leacain were provided with a person-centred service where their choices and rights were upheld. The premises provided was suitable for their assessed needs. In addition, residents were actively involved in their communities in line with their individual preferences. Residents and their families expressed satisfaction with the service provided through conversations held and questionnaires provided. The staff team were skilled and dedicated and this had a positive impact on the quality of the service provided. Some improvements in documentation relating to residents' contracts would further enhance the levels of compliance found.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to residents met their needs and was under ongoing review. Improvements in relation to residents' contracts of care were required and will be expanded on below.

As outlined, this was a registration renewal inspection and the provider's insurance arrangements were reviewed. The insurance contract was up to date and met with requirements. The statement of purpose was available to read in the centre and it was found to be an accurate reflection of the service provided. The policies and procedures required under Schedule 5 of the regulation were prepared in writing and were stored in the centre. Those reviewed were up to date. As outlined, this service had two new admissions since the last inspection. Although the provider followed a clear planned admission process and had written agreements in place, they required review, to ensure that they met with the requirements of regulation 24.

The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of two designated centres. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The provider ensured that the number and skill mix of staff met with the assessed needs of residents. Agency staff were used, however, they were consistently employed and were familiar with the assessed needs of residents.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of the training modules attended. All those reviewed were up to date. A formal schedule of staff supervision and performance management was in place, with meetings taking place in accordance with the provider's policy.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems used ensured that the service provided was appropriate to the needs of the residents and was being effectively monitored. The centre was adequately resourced and the premises was of a high standard. Team meetings were taking place on a regular basis and the minutes were available for review. In addition, the inspectors completed a review of incidents occurring and found that they were reported to the Chief Inspectors in a timely manner and in accordance with the requirements of the regulation.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for residents' quality of life and for

the care provided

Regulation 14: Persons in charge

The management structure consisted of a person in charge who reported to the provider representative. The person in charge had responsibility for the governance and oversight of two designated centres which were located close to each other. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role. They told the inspectors that they were supported by their management team and the staff team in the centre, in order to fulfil their role.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the planned and actual rosters for the period 01/04/2024 to 23/05/2024. They found that the provider ensured that the number and skill-mix of staff was appropriate for the needs of residents.

Where additional staff were required this was planned for and facilitated. Agency staff were used in the service, however, they were consistently employed and familiar with the assessed needs of the residents.

On-call arrangements were in place and these were reported to work well.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a training matrix which was available for review in the centre. The inspector found that staff were provided with access to mandatory and refresher training, as part of a continuous professional development programme.

The inspector reviewed a sample of training modules which included, moving and handling training, fire training, positive behaviour support, safeguarding and protection training, and training in human rights. All of these modules were up to date. In addition, bespoke training in areas such as falls management was provided as this was identified as a risk area in this designated centre.

The person in charge had a schedule of staff supervision and performance

management. Out of a compliment of 12 staff members, the inspector found that 10 supervision meetings with staff members had taken place. The remaining two meetings were scheduled for the following day and the following week.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place that met with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The effective governance arrangements in this service ensured positive outcomes for the residents using the service. The systems and processes used assured the delivery of good quality and person-centred care and support. There was a defined management structure in place with clear lines of authority, and arrangements were in place for the continued oversight and management of the service if the person in charge was not present.

Audits were used in this centre. The annual review of care and support, and the six monthly provider-led audit were completed in December 2023. In addition, the provider had a schedules of daily, weekly, monthly and quarterly checks. The information gathered and actions identified were documented on a quality improvement plan which was reviewed on 09/05/2024.

There were good formal and informal communication systems used in this centre. The staff team told the inspector that the person in charge was regularly present in the centre, both during the week and at week-ends. In addition, they were readily available by telephone. Team meetings were well attended and minutes of the most recent meeting on 30/04/24 were documented and available for review.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

This service had an up-to-date admissions policy and had two new admissions since the last inspection. The inspector found that the provider followed a clear planned admission process which took into account the service as described on the

statement of purpose. In addition, the wishes of individual residents moving into the service were considered along with the overall compatibility of all those living together. For example, one resident admitted moved as it was close to their family home. They had opportunities to visit the service with their family members prior to the final agreement that it was best suited for their needs.

The provider had written agreements in relation to these transitions available for review. Both were completed on 14/04/24. Although some amendments required were complete on the day of inspection, further review was required. For example;

- Although written agreements were in place and updated on the day of inspection, they required review with residents' representatives to ensure that they had an opportunity to read and sign the contract provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was reviewed on 18/12/2023. It was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had effective information governance arrangements and the person in charge ensured that this designated centre complied with the notification requirements of the Authority. The incident reporting and management systems used were effective, incidents were reported promptly, evaluated at centre and provider level and used to inform service improvement.

Judgment: Compliant

Regulation 4: Written policies and procedures

Written policies and procedures were prepared in writing and available in the centre. They were subject to regular review and met with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Leacain were provided with person-centred care and support by a skilled and experienced staff team. The systems in place ensured that residents were consulted about the centre and that their health and wellbeing were regularly monitored. Residents' rights were respected and they were supported to live rewarding lives as active participants in their community in accordance with their wishes.

Residents' healthcare needs were assessed and comprehensive plans of care were developed to guide the management of these needs. They received person centred care that supported them to be involved in community activities and to set goals that they enjoyed. Access to a general practitioner (GP), multi-disciplinary care and consultant-led care was provided as needed.

The provider and the person in charge promoted a positive approach in their response to behaviours that challenge. Access to a positive behaviour support specialist was provided and behaviour support plans were in date. Restrictive practices were used in this centre, however, they were found to be the least restrictive and used for the shortest amount of time possible.

The inspector found that the effective governance arrangements in place positively impacted on the safety of the service provided. The provider had systems in place to ensure risks were identified, assessed and managed within the centre. Where risks were identified in relation to residents, there were corresponding care plans and protocols in place. This meant that there was a co-ordinated approach to the management of risk and the care and support provided.

As outlined, the premises provided was of a high standard internally and externally. The layout and design was in line with the statement of purpose and was of sound construction throughout. Fire management systems were evident throughout the centre. The included systems and processes to detect, contain and extinguish fire. Residents had individual escape plans and fire drills were taking place in line with the provider's policy. Staff fire prevention training was up to date.

In summary, residents at this designated centre were provided with a good quality and safe service, by an experienced and skilled staff team. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. Day to day living in the centre was relaxed and all residents spoken with confirmed that they were happy living in the centre, that their lives were enhanced by the staff, the premises, the open culture within the centre and the overall service provided. Further work on the resident's contracts for the provision of services would add to the good level of

compliance found on this inspection.

Regulation 17: Premises

The premises provided was of a high standard internally and externally. The layout and design was in line with the statement of purpose and was of sound construction throughout.

The facilities provided met with the residents assessed needs and were well maintained. For example, tracking hoists were available in the bedrooms and bathrooms for use if required. The property was warm, with good lighting and appropriate ventilation.

The premise provided was large and spacious and it was clear that the staff team were working hard to maintain a high standard of cleanliness.

Judgment: Compliant

Regulation 26: Risk management procedures

As outlined, this provider had effective governance arrangements in place which impacted on the safety of the service provided. They had a good understanding of risk management and of the processes required to ensure that risks identified were not dealt with in isolation, but part of the resident overall support plan.

For example, a resident had a risk assessment completed on 16/04/24 which related to behaviours of concern. However, the person in charge made sure that the control measures used were the same strategies as on their behaviour support plan. This meant that both documents worked together to ensure that a consistent approach to risk management was used.

Another resident had risks relating to feeding, eating and drinking. As outlined, they had the support of a dietitian and a speech and language therapist, and a comprehensive risk assessment was in place (10/05/24). In addition, they had an emergency plan for use if required (28/01/24). The inspector was present when the resident was having lunch. They found that the support provided was as per recommendations of the plan. Furthermore, the staff member spoken with was aware of the type of diet prescribed and aware of the control measures to use if required.

At service level, the provider's health and safety policy and risk management policies were up to date, and all incident occurring were reviewed at a monthly incident review group.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect, contain and extinguish fires and to evacuate the premises. The fire prevention policy was up to date and all staff had mandatory and refresher training completed.

Residents were provided with person emergency evacuation plans and staff employed were familiar with the building and with the escape routes to follow if required.

Fire drills were completed on a regular basis, and both daytime and night-time scenarios were used. Safety checks were taking place regularly and the information was recorded.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that all residents had personal plans completed, which detailed their needs and wishes, and outlined the supports they required in order to reach their full potential. Residents and their representatives were involved in decisions made and person-centred goals were agreed.

For example, one resident was attending bowling as their family member said that this was an activity that they enjoyed.

Others attended a local hotel for 'spa days', or took a trip to a religious shrine that they liked to visit.

Another resident attended lunchtime concerts which were held at the theatre. This was their preferred time, as they did not enjoy late evenings.

In addition, residents had care plans which were linked to their assessed needs and which involved the multi-disciplinary team where required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that the health and wellbeing of residents in this centre was promoted to a high standard.

There was a staff nurse on duty on the day of inspection, who had a good knowledge of the residents' holistic healthcare needs.

Residents had access to their general practitioner (GP) and to members of the multi-disciplinary team members as required. For example, the occupational therapist and physiotherapist completed joined assessments of residents' care needs annually. This meant that co-ordinated care was provided. In addition, the support of a dietitian and speech and language therapist was provided.

Some residents attended consultant-led care, such as mental health and intellectual disability (MHID), urology and neurology. Where recommendations were made, these were adhered to. For example, one resident had a comprehensive catheter care plan.

Where residents did not wish to participate in national screening programmes, this was respected and an alternative plan was arranged. For example, female resident had access to a breast health plan which was completed monthly.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and the person in charge promoted a positive approach in their response to behaviours that challenge.

Access to a positive behaviour support specialist was provided. A review a positive behaviour support plan found that it was updated on 02/02/24 in response to a change in the resident's behaviour. This showed that the person in charge and the staff team responded appropriately when required.

A review of a second plan found that it was reviewed on 16/04/24 and it provided clear guidance for staff on low arousal strategies to use if needed.

Restrictive practices were used in this centre, however, they were found to be the least restrictive and used for the shortest amount of time possible. In addition, these practices were subject to regular audit, the most recent occurring on 16/04/24.

Furthermore, the provider had a policy on positive behaviour support which was up to date and all staff had completed mandatory training.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Leacain OSV-0008112

Inspection ID: MON-0035479

Date of inspection: 23/05/2024

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To ensure compliance with Regulation 24: Admissions and contract for the provision of service: The provider has ensured that all written agreements have now been reviewed and completed with each individual resident and their representative. Date Completed: 13/06/2024</p>	

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	13/06/2024