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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Luchanna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Resilience Healthcare Limited</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Kerry</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>03 September 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005677</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0030301</td>
</tr>
</tbody>
</table>
About the designated centre

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

This designated centre is located in a rural but accessible location, a short commute from the busy local town; transport is provided. The provider aims to provide each resident with a safe and homely environment and health and social care services that enhance individual quality of life. Residential and shared care (shared with home) services are provided to a maximum of four residents. The centre is staffed continuously by a team of social care staff supported by the team leader and the person in charge. The premises is located on a spacious site, is well maintained and suited to residents’ individual and collective needs.

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 - 2015 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 3 September 2020</td>
<td>09:30hrs to 16:00hrs</td>
<td>Cora McCarthy</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met with all three residents residing in the centre during the course of the inspection. The resident group did not have the ability to fully converse with the inspector however the residents' relaxed presentation, relationship with staff and their facial expressions was evident that the residents were content in their home. The inspector spoke via phone with two family members who spoke very highly of both the staff and care provided in the service. One parent said that they could not be happier with the service provided and their family member looked forward to returning to the centre and that they saw the staff as family.

The centre was clean and personalised throughout with photographs of residents and their families on the walls. The inspector was present when staff were supporting one resident at lunchtime. This was facilitated with respect and dignity and it was obvious to the inspector that this was the regular practice. The inspector noted that the activities after lunch were explained and confirmed with the resident to aid their understanding of what was happening next. For example the resident was going to go for a coffee after lunch in a local cafe and then return for a video call with their parent. The resident acknowledged the inspector with a hand signal but mostly relied on the staff supporting them to inform the inspector of what activities they enjoyed. The inspector was informed that they had just been swimming in the local pool. The other residents had gone to their day service. The inspector observed that the residents appeared comfortable as they waited for the service vehicle to collect them for day service or activities. The inspector observed all of the residents been supported by staff members who knew them well and were aware of their individual needs and preferences. One resident had forgotten their glasses and the staff recognised this and got them immediately to reduce their anxiety around this. Interactions between staff and residents were relaxed and respectful.

Capacity and capability

Overall, the inspector found effective governance systems were in place and the centre was adequately resourced to meet the needs of the residents. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents. The inspector reviewed the actual and
planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their individual methods of communication. They were able to support the inspector in engaging with the residents and translating vocalisations or words used.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training while refresher training was also available as part of a continuous professional development programme. Some face to face mandatory training such as managing behaviours the challenge, had to be postponed due to COVID-19 however there was evidence that it had been scheduled and the person in charge had a training schedule for the inspector to view.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a self assessment of the quality and safety of service was carried out in June 2020. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. One amendment required to be made to the staffing whole time equivalent however the person in charge committed to addressing this immediately.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Office of the Chief Inspector of incidents that occurred in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured an application to renew to the registration of the designated centre was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role
<table>
<thead>
<tr>
<th>Regulation 15: Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person in charge had an actual and planned rota which was in line with the statement of purpose.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 16: Training and staff development</th>
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<tbody>
<tr>
<td>The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 23: Governance and management</th>
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<tbody>
<tr>
<td>Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a self assessment of the quality and safety of service was carried out in June 2020.</td>
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<table>
<thead>
<tr>
<th>Regulation 3: Statement of purpose</th>
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<tbody>
<tr>
<td>The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.</td>
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<table>
<thead>
<tr>
<th>Regulation 31: Notification of incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person in charge notified the Chief Inspector of incidents that occurred in the</td>
</tr>
</tbody>
</table>
designated centre.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care and support in the designated centre and found that overall the quality of services provided to residents was of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary. For example, a pre assessment questionnaire had been developed and was in use for family members visiting.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The premises were clean, warm and homely. However as part of the action plan from the previous inspection the house was due to be painted. The person in charge informed the inspector that painting work was scheduled to start in the coming weeks.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 alarm system in place. The inspector reviewed evacuation drills and found that they indicated that 2 of the 3 residents could not be evacuated in a safe time period. Upon review it was revealed that the staff in the centre had not accurately recorded the details of the drills. The person in charge subsequently provided assurances around the safe evacuation of residents with staff completing a drill the day after the inspection with a significantly reduced time frame where all residents were safely evacuated. The measures put in place were clearly documented as was the time it took to evacuate the residents.

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set for the residents they were required to be more specific, time bound and their progress tracked in more detail.

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Visual supports as recommended by speech and language therapist were not fully in place, such as use of picture exchange communication. All residents had access to television, newspapers and radio.

Visits from family members had recommenced with infection control measures in place and a pre visit questionnaire was completed for every visit.
The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability, assessed needs and their wishes.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection.

Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. For example staff members with whom the inspector spoke were clearly able to outline one resident's epilepsy management plan. Each resident had access to a general practitioner and other health care professionals.

The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the residents. The inspector viewed a positive behavior support plan for one resident and found that it was a comprehensive document with emphasis on proactive strategies. The inspector noted that every effort was made to identify and alleviate the cause of residents' behaviour that challenges.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons and were familiar with safeguarding plans in place.

<table>
<thead>
<tr>
<th>Regulation 10: Communication</th>
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<tbody>
<tr>
<td>Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Visual supports as recommended by speech and language therapist were not fully in place such as use of picture exchange communication. All residents had access to television, newspapers and radio.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Substantially compliant</td>
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<table>
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<tr>
<th>Regulation 11: Visits</th>
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<td></td>
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</table>

Page 9 of 18
Visits from family members had recommenced with infection control measures in place.

Judgment: Compliant

**Regulation 13: General welfare and development**

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident’s disability, assessed needs and their wishes.

Judgment: Compliant

**Regulation 17: Premises**

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The person in charge informed the inspector that painting work was due to start in the coming weeks.

Judgment: Compliant

**Regulation 26: Risk management procedures**

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

**Regulation 27: Protection against infection**

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.
<table>
<thead>
<tr>
<th>Regulation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>The provider ensured that effective fire management systems were in place in the designated centre. However more accurate recording of fire drills was required to provide that all residents could be safely evacuated in the event of a fire.</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out. While goals were set for the residents they were required to be more specific, time bound and their progress tracked in more detail.</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the resident’s health care needs and how to support them. Each resident had access to a general practitioner and other health care professionals.</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>The staff members had received training in how to support residents with behaviour that challenges. Where behaviour that challenges was identified this was supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of residents’ behaviour that challenges.</td>
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<table>
<thead>
<tr>
<th>Regulation 8: Protection</th>
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</table>

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

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 - 2015 as amended and the regulations considered on this inspection were:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for Luchanna OSV-0005677

Inspection ID: MON-0030301

Date of inspection: 03/09/2020

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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 10: Communication</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 10: Communication: There is a Picture Communication System in place for two service users as recommended by the SLT. The service manager will ensure that this system is used appropriately and as recommended with both service users. There is one Support Worker trained in the teaching of PECS who will be allocated time within their working week to support the staff team in the implementation of PECS. The service manager will ensure that all PECS systems in place for service users are communicated to the day service to ensure a total communication approach.

| Regulation 28: Fire precautions                                 | Substantially Compliant         |

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Service Manager along with the Team Lead have brought to the attention of the staff team the need for accurate and detailed recording within the fire drills. Weekly fire drills will be carried out for a period of six weeks or for longer if required to support the service users to evacuate in a more timely manner. Other supports are outlined in the risk assessment are use of Social Stories and an evacuation pack containing incentives. This has commenced and is working effectively in reducing the evacuation time for all.

| Regulation 5: Individual assessment and personal plan           | Substantially Compliant         |
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The Person in Charge along with the Team Lead, Service Users Key Workers and New Directions Day service in consultation with each Service User and their families will arrange to complete a full Person Centred Planning meeting by the end of Dec 2020. This meeting will address areas of interest to the service users incorporating their desires and wishes into each section of the PCP. An Action Plan will be formed based on the PCP and a recording document i.e. Periodic Service Review will be put in place to document the implementation of the plan. 2 Key Workers are assigned to each service user and each Plan will be implemented and monitored on a monthly basis for its implementation. The Plan will be reviewed at a minimum 6 monthly and maximum yearly.

Key worker training for support staff in a key worker role is being currently sourced with a view to training all support staff in the house.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 10(1)</td>
<td>The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents’ needs and wishes.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 28(4)(b)</td>
<td>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/10/2020</td>
</tr>
<tr>
<td>Regulation 05(4)(b)</td>
<td>The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2020</td>
</tr>
</tbody>
</table>
prepare a personal plan for the resident which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.