

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Lannagh View Residential Service
<b>Centre ID:</b>	OSV-0001771
<b>Centre county:</b>	Mayo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Western Care Association
<b>Provider Nominee:</b>	Bernard O'Regan
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 June 2017 12:00 To: 14 June 2017 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to inspection:**

This was the second inspection of this centre which was completed to review the provider's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

**How we gathered our evidence:**

This inspection was unannounced and took place over one day. The inspector met with the three residents, staff members, and members of the management team. The inspectors observed practices and reviewed documentation such as personal plans, risk management documentation, medical records, policies and procedures. In addition, the inspector reviewed the actions taken by the provider following the last action plan.

**Description of the Service:**

The centre can provide a residential service for up to four adults with an intellectual disability. On the day of the inspection there were three residents residing in the centre and there was one vacancy. The three people live together in a community

house and were supported by a staff member at all times.

#### Overall Findings:

This inspection found that there were effective and suitable governance arrangements in place. Staffing levels and skill mix were satisfactory and had been revised as residents' needs changed. Good practice was found in social care, complaint management, the systems to protect vulnerable adults and health care. The provider had made significant involvements in the development of comprehensive personal plans and reviews to ensure residents' health social and personal care needs were identified and supported.

The inspector found that there was good compliance with the regulations; eight outcomes were inspected on this inspection and the inspector found that all eight outcomes were compliant.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that residents were consulted with and participated in decisions about their care in accordance with needs, wishes and abilities. The inspector reviewed the two actions from the last inspection and both actions were complete.

Residents and families were found to have access to advocacy services and information about their rights. Each resident's privacy and dignity was found to be respected. Each resident had their own room and personal space within the designated centre to enjoy privacy. The inspector found that consultation and residents rights were promoted in this designated centre through on-going interaction with staff, planned programmes and professional staff.

There was a complaints procedure in place. Residents, their family, advocate or representative could make a complaint in the designated centre. There were no complaints in the complaints log at the time of inspection.

Residents were supported to have control over their finances. A policy and procedure was in place to protect service users who required assistance in this area. All residents had their own bank account and staff provided money management skills training. The inspector found that residents could buy what they chose and had access to their money as they wished. Staff members were observed to interact with residents in a respectful manner.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that each resident's social care needs were being met by a high standard of evidence-based care and support. Residents individual needs and goals were assessed and plans were in place to ensure that residents' goals had been achieved.

All residents had a personal plan in place, which included their health and social care goals. There was evidence that residents and or their families were involved in preparing their personal plans. The inspector viewed two of the residents' personal plans and found that they were individualised and person centred, were regularly reviewed and reflected the residents' needs. In addition, residents' abilities and aspirations were clearly identified. The inspector found that there were details of opportunities for residents to participate in appropriate to his or her interests and capacities, included in the plan. A key worker was assigned to each resident to help them to achieve their personal goals and the inspector saw that goals identified for the previous year had been reviewed and all had been achieved.

Residents living in this centre were very much part of the local community. Residents attended the local day services and they also visited the local businesses and community facilities in the town; such as, local pubs, restaurants, the library and church as well as taking part in social activities in the house including cooking, art and massage.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors in the centre. All actions identified during the previous inspection had been completed.

The inspector found that there was a risk management policy which outlined the measures to be taken to ensure the health and safety of residents was protected and promoted. Staff were aware of these policies and procedures. In addition, there were systems in place to record and manage risks in the centre. The inspector reviewed accident and incident records and found that a number of accidents had occurred in the centre due to a resident's medical condition. However, the inspector found that appropriate measures had been put in place to prevent further accidents in the centre.

The provider identified organisational risks on a risk register that were centre specific. Clinical and organisational risks identified on the risk register had been reviewed to reflect the current hazards and risk ratings. The person in charge told the inspector that they reviewed these risks regularly.

The inspector reviewed fire safety management in the centre and found that there were systems in place, and documents to show, all the fire safety equipment was serviced and regular fire safety checks and procedures were carried out in the centre.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Appropriate measures were in place to protect residents from being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and residents told inspectors they felt very safe in the centre.

There was a policy available on the prevention, detection and response to abuse. Staff who met with the inspector demonstrated an understanding of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who they should report any incidents to. Staff had completed safeguarding and protecting vulnerable adults training.

Residents were provided with appropriate support to help promote a positive approach to behaviour that challenges. Inspectors reviewed the behavioural support plan of one resident. Efforts were made to identify and alleviate the underlying causes of behaviour and any triggers which caused the behaviour. Inspectors saw that multi-disciplinary input was sought when planning interventions for residents.

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

A restraint-free environment was promoted. There were no physical or chemical restraints in use at the time of inspection.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were supported on an individual basis to achieve and enjoy the best possible health. Each resident's healthcare needs were appropriately assessed and care plans were in place to ensure they received the appropriate care.

Residents had timely access to their General Practitioner (G.P.) service and appropriate treatment and therapies. Residents had access to allied health care services which reflect their diverse care needs. The inspector saw that residents were actively encouraged and enabled to take responsibility for their own health and medical needs.

Records of all referrals and follow-up appointments were maintained.



The inspector observed the food stocks in the house and noted that there was fresh food stored in the fridge, which was nutritious, appetising, varied and available in sufficient quantities. Snacks were also available throughout the day. Residents were offered support to eat and drink when necessary in a sensitive and appropriate manner.

Residents were supported to prepare their own meals, as appropriate to their abilities and preferences. The advice of dieticians and other specialists had been implemented in accordance with each residents' personal plan. Inspectors observed one meal time which was a positive social event.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents were protected by the designated centres' policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

There were systems in place for reviewing and monitoring safe medication management practices. Individual medication plans were appropriately implemented and reviewed as part of the individual personal plans. Furthermore, the inspector saw that the person in charge had completed audits of medication practices to ensure safe medication administration practices were in place in the centre.

The processes for the handling of medicines were safe and in accordance with current guidelines and legislation. The inspector saw that all staff members were adhering to appropriate medication management practices. For example, staff were trained in the appropriate procedures for the handling and disposal for unused and out of date medicines.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The quality of care and experience of the residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability.

The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Staff told the inspector that the person in charge provided good leadership and all residents were able to identify the person in charge of this centre.

There is an annual review of the quality and safety of care in the designated centre. The person in charge demonstrated sufficient knowledge of the legislation and his statutory responsibilities. The person in charge was actively engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The on-call rota was shared among a number of persons in charge and the service area manager. Staff were made aware of who was on call at any given time.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the*

*needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and ensure the safe delivery of services. Inspectors were satisfied that residents were receiving continuity of care.

The inspector found that the staff roster reflected the staff working in the centre.

Staff had completed mandatory training and had access to education and training according to the needs of residents and in accordance with the provider's policy.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had, and maintained, policies and procedures in line with Schedule 5 of the regulations. Records were kept and maintained in a safe and secure manner in the centre. Written operational policies were in place to inform practice and provide guidance to staff in the designated centre. One action from the last inspection was reviewed and found to be addressed.

A directory of residents was available in the centre which outlined all residents residing in the centre, any discharges, transfers or occasion when residents were away from the centre, as required by the regulations.

Information was available to residents such as a residents' guide, statement of purpose and recent audit reports. Where required these were also in a format suitable for residents' communication needs as identified in personal plans. Residents' files were found to be complete and were kept up-to-date.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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