



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

Name of designated centre:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 February 2018
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0021144

## About the designated centre

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

The designated centre provides 24 hour nurse led residential care and currently accommodates five adults, four male and one female, with an intellectual disability. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The person in charge works full-time at this centre and is supported by nursing, social care and healthcare workers. The whole time equivalent of nursing staff is six, and of non-nursing staff, nine. Two vehicles are provided to assist residents attend social activities.

**The following information outlines some additional data on this centre.**

Current registration end date:	19/01/2020
Number of residents on the date of inspection:	5

## How we inspect

To prepare for this inspection the inspector or 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
07 February 2018	09:55hrs to 18:30hrs	Jacqueline Joynt	Lead

## Views of people who use the service

The inspector met with four of the five residents in the centre and throughout different times during the day observed elements of their daily lives. The residents in the centre used non-verbal communication and as such their views were relayed through staff advocating on their behalf. The inspector spoke in detail with the person in charge and two staff members. Residents' views were also taken from the centres' questionnaire and feedback forms, residents' weekly staff meeting minutes and various other records that endeavoured to voice the resident's opinion.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Through the continuity of the workforce, relationships between residents and staff were being maintained and attachments were not disrupted. Residents felt staff were kind and respectful towards them.

## Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value of the residents were taken in to account. Improvements that were required from the last inspection had been completed

There were arrangements in place to ensure on-going monitoring and auditing of systems to protect residents and ensure their rights were respected. Staff arrangements included enough staff to meet the needs of residents.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and

procedures that ensure safe and effective care of residents.

Incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce reoccurrence. Overall, notification of such was adequate with some areas requiring improvement. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. The centre had also instigated improvements to further support communication between the staff and residents.

The person in charge and staff advised the inspector that they felt there was a culture of openness and transparency. They also advised that they welcomed feedback, the raising of concerns and the making of suggestions and complaints.

#### Regulation 19: Directory of residents

The inspector found that the information required in the directory of residents was available in the centre's records and files which were reviewed appropriately and available on request. However, within the directory of residents some of the required information was absent.

Judgment: Substantially compliant

#### Regulation 21: Records

All records were available for inspection, and were accurate, up to date and available to residents if requested.

Judgment: Compliant

#### Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Further to unannounced six monthly reviews the provider carried out a monthly unannounced quality and safety review

to ensure positive outcomes for residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was available and overall recognised the intrinsic value of the residents using the service. However, the inspector found that the use of one of the rooms was no longer as specified in the statement.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Overall, effective information governance was in place to ensure that the centre complied with the notification requirement however, the inspector found that a number of environmental restrictive practices were not included on the centre's quarterly notification.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There were complaint policies and procedures in place to ensure that the service was committed to the making, handling and investigation of complaints and that all residents and family members would be aware of this. There was an easy to read information booklet in resident's personal plans. Furthermore, residents' weekly meeting included an education piece on the complaints process.

Judgment: Compliant

## Quality and safety

The inspector found that actions concerning the quality and safety of the centre from the last inspection had all been implemented with a number of further improvements made. All residents had up to date personal plans which were continuously developed and reviewed in consultation with the resident, relevant

keyworker, allied health care professionals and family members where appropriate.

There was a strong culture of staff advocating on behalf of the residents including assisting them to access information and communicate with others. Staff valued the person by respecting resident's uniqueness. Residents were supported to choose goals that were meaningful to them. Achievements were celebrated with photographs taken and displayed throughout the house. Residents felt safe and protected and were proactively protecting themselves through accessible safeguarding leaflets and weekly residents' meetings. Resident's health and well-being was being promoted in a variety of ways with initiatives such as participation local 5km runs and accessible positive health pamphlets provided to them.

The inspector found that creative and effective communications systems were in place. New communication training and equipment were currently being implemented to improve dialog and understanding between staff and residents. Residents were encourage and supported around active decision making and social inclusion. The inspector was informed by a staff member that he kept photographs on his phone of different food options to support residents choose from the restaurant's menu when they were out dining.

Residents were supported to development their knowledge, self-awareness understanding and skills required for self care and protection through accessible information and weekly residents' meetings promoting safeguarding information. Furthermore, through accessible information, one to one key working sessions and weekly meetings the residents' rights, views, concerns were accounted for.

The inspector found that there were good systems in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice. The fire fighting equipment was serviced on the day of inspection.

Procedures were in place for the prevention and control of infection. These procedures were ensured by weekly cleaning audits and checks in order to maximise the safety and quality of care delivered to each resident. However, an improvement was required to ensure an area was reviewed from the potential risk of infection.

The inspector found that there were arrangements in place to support residents on an individual basis to achieve and enjoy the best possible health. There were arrangements in place to ensure that appropriate healthcare was made available for each resident, having regard to their personal plan. From communication and photographic evidence, the inspector found that residents were supported to get involved in meal preparation if they so wished.

The inspector found that residents were activity encouraged to take responsibility for their own healthcare needs where appropriate. Accessible information was provided to residents and energetic activities were offered and promoted. Residents were offered the choice of healthy meals which were put at their weekly meetings.

## Regulation 10: Communication

Each resident was assisted and supported at all times to communicate in accordance with their needs. At the time of inspection, a new creative communication system was being implemented to ensure residents had more accessible, tailored and inclusive methods of communication which may have the potential to empower residents decision-making and prevent social isolation.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents' personal possessions were respected and protected. Residents were supported to have control over their own personal possessions including financial affairs, their clothing and laundry in accordance with their needs and wishes. Residents were provided with an easy read supportive information booklet "Me and My Money" to assist with their financial affairs.

Judgment: Compliant

## Regulation 20: Information for residents

The guide provided to residents included all the required information and was in an accessible format and easy to understand. Information from the guide was regularly included at resident's weekly meetings to support understanding of the information and to enable inclusion of residents' views.

Judgment: Compliant

## Regulation 26: Risk management procedures

All health and safety, risk management policies and procedures were in place. Regular review created a culture of safe appropriate care which supported a safe environment that residents could use.

Judgment: Compliant

## Regulation 27: Protection against infection

Overall, infection prevention and control practices and procedure were delivered to a satisfactory standard to ensure that safe and quality care was delivered to each resident. However, the inspector found, in a small area of a communal room, a substance that had the potential to cause infection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice. The annual service on the fire fighting equipment was carried out on the day of inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

All residents had an up to date personal plan which reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Where a resident did not want to take part in their review their wishes were respected and a separate one to one meeting was organised with their keyworker using a format that was in line with their needs.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported to achieve quality healthcare through health promotion, prevention, independence and meaningful activity. A number of residents were being supported to engage in local 5km charity runs.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The plans in place for positive behaviour support included clear guidance for staff. Where restrictive procedures were in place, they were based on centre and national policies with the least restrictive approach applied.

Judgment: Compliant

## Regulation 8: Protection

There was a designated officer assigned to the centre however, the inspector found that on the day of inspection that improvements were required to ensure the designated officer's poster on display was accessible to residents.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0021144

Date of inspection: 07/02/2018

## 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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents:	
Resident's directory updated to ensure signposting of all items outlined in schedule three of the Regulations.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose:	
Statement of purpose updated to include full accurate floor plan.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	
Quarterly notifications submitted Q1 2018 included all restrictive practices.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	
Bathroom re painted and sealed to prevent risk of infection	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
Algorithm on display with photo's of Designated officers and complaints officers	

## 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 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/04/2018
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/04/2018
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at	Substantially Compliant	Yellow	30/04/2018

	intervals of not less than one year.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/04/2018
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	30/04/2018