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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Luchanna</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005677</td>
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<tr>
<td>Centre county:</td>
<td>Kerry</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Resilience Healthcare Limited</td>
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<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**
From: 07 December 2017 11:40  
To: 07 December 2017 15:30

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

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**Summary of findings from this inspection**

Background to the inspection:
This was an inspection carried out to inform a registration decision. The centre was registering as a designated centre for adults.

How we gathered our evidence:
As part of this inspection, the inspector met with the person in charge and the quality manager. There were no residents in the centre as the centre had not yet opened. On the day of the inspection, a staff team had been and continued to be recruited. The inspector reviewed the proposed arrangements in place in areas such as health and safety, personal planning, medicines management and governance and management arrangements.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the Regulations, which described the service provided. The inspector found that the service matched what was described in that document. The centre was a newly renovated single storey detached property and it would provide a planned residential and shared care service to four residents at any one time. The age range of the
residents was set out in the statement of purpose.

Each resident would have their own bedroom all of which all had en-suite facilities. A fifth bedroom would be used as an office. The residents would have the use of two living areas. There was a large kitchen; the dining facilities were based in the conservatory. The centre was based in a rural area a number of kilometres from a main town and the residents would have transport available to them to bring them to their place of employment, training or recreational activities. The centre had gardens to the front and rear.

Overall findings:
The inspector was satisfied that the provider had put systems in place to ensure that the Regulations were being met and that adequate governance arrangements were in place. There were sufficient arrangements in place to ensure that the person in charge was suitably supported by a senior management team to manage this centre.

There were no areas for improvement identified.

Following this registration inspection, a follow up inspection will be scheduled which will give the inspector the opportunity to meet with the residents at the centre and the staff team.
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 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):
This was the centre’s first inspection by the Authority.

Findings:
The wellbeing and welfare of the residents living at this centre would be maintained by an appropriate standard of care and support. The arrangements to meet their needs would be set out by a comprehensive assessment of need followed by a personal plan which would be regularly reviewed in a multidisciplinary manner. There were systems in place to support residents in their admission and discharge from this centre.

There were systems in place to ensure that a comprehensive assessment would be completed prior to and following the residents’ admission to the centre. Reference to the pre-admission assessment process was set out in the statement of purpose and this helped determine the suitability of the resident to live at the centre. Should a resident be determined as suitable, then a formal assessment of need would then commence prior to and following their admission. All of the information acquired would assist in the population of the resident's individual support plan.

The arrangements in place for personal planning were comprehensive. An individual support plan would be completed for all residents. This plan would be based on the assessment of need and would set out a range of information about the resident such as their support needs, their health, their goals and key information for staff to know. The person in charge confirmed to the inspector that keyworkers would be appointed and would have day-to-day responsibilities to ensure personal plans were kept up to date. The resident's personal folder would also house other information such as; individualised risk assessments, keyworker reports and healthcare plans. The resident would also have, where needed, individual support plans on areas such as their behaviour, their mobility and their safety.

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There was a clear system for the recording of residents' goals and the achievement of same. The keyworker assigned to the resident would have responsibilities in this regard to help set goals with the resident during their person-centred planning meeting and these goals would be tracked over time. Each resident would also have their own version of their support plan.

The personal plan would be reviewed annually, or as and when needed, by a team of people; the resident, the multidisciplinary team, care staff and the representatives of the resident.

There were policies in place to guide the person in charge and the staff team on admissions and discharges. During this inspection, the inspector reviewed the transition plans for the two adults that the provider was hoping to transition into the centre following its opening. These transition plans set out in detail the needs of each adult, their suitability to live at the centre, risk assessments, their compatibility with each other and the way in which the transition would be managed. These plans were found to be robust and there was evidence of consultation with the adults, their family representatives and their current staff team who supported them.

Judgment:
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The design and layout of the centre was suitable for its stated purpose.

The design of the centre was in line with the statement and purpose. The centre was suitably decorated and well maintained. Rooms were of a suitable size and there was enough private space for the residents to avail of when they wanted to be alone. The premises had suitable light, heating and ventilation and was free from any major dangers which could cause injury. The interior of the centre was very homely and decorated to a high standard. The fixtures and fittings of the house were also of a high standard. The colours of the rooms were carefully chosen and were in neutral tones. Appropriate storage facilities were provided.
All of the residents would have access to en-suite facilities.

There was a safe rear garden available for residents to enjoy and the front of the house also had a large garden and driveway. The person in charge showed the inspector a building in the rear garden, described as a 'den' that was in the process of being renovated. This would become an additional place for residents to choose to spend time in.

The entrance to the property led directly to a country road. The person in charge informed the inspector that residents would each be risk assessed for the danger that this road may or may not pose to them.

There was no specialist assistive equipment in use at the centre at the time of this inspection that required maintenance and testing.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The health and safety of the residents, visitors and staff would be promoted and protected through appropriate systems.

There were systems in place for risk management. The risk management documents met regulatory requirements as they included the risks set out by the regulations. There was an organisational health and safety statement and this was complemented by a centre-specific risk register. The hazards placed on this risk register were risk assessed and had controls assigned to them to control the impact. There were systems in place to escalate hazards to senior management depending on their scoring. The person in charge informed the inspector that the personal file of the resident would also contain risk assessments that were specific to them. Some of these had already been populated for the adults that planned to live at this centre.

An evacuation plan was in place for different types of emergencies such as loss of power and or fire.

There were computerised recording systems in place for staff to document all incidents,
accidents and near misses at the centre which would then be reviewed by the person in charge and, or other persons involved in the management of the centre. These computerised systems allowed for real time access by the management team.

There was a system in place for the logging of maintenance issues. A team of maintenance personnel would be made available to the staff team.

The systems in place regarding fire precautions were satisfactory. Fire safety training was considered a mandatory training for staff and the regional manager confirmed to the inspector that all incoming staff would be trained in this area. Fire exits were kept clear on the day of the inspection. A suite of paperwork was developed by the provider to ensure that the centre operated safely. A fire register was in place. Personal emergency egress forms would be completed for the residents. Fire drills would be conducted by staff at regular intervals and records would be kept of each drill. Staff would conduct daily checklists on aspects of fire safety arrangements. There was a new fire alarm system installed at the centre, emergency lighting was in place and extinguishers available for staff to use. The person in charge was aware of the need for the on-going servicing of these systems by an external contractor. There were evacuation procedure notices displayed around the centre for residents, staff and visitors to see. There was an assigned assembly point.

There were adequate systems in place for hygiene and infection control. Posters were located in the bathrooms encouraging hand hygiene. The centre had paper towels and soap dispensers in communal bathrooms. A cleaning procedure and cleaning rota would be put in place. There were systems in place for the colour-coding of mopping equipment.

A vehicle would be available at the centre to transport the residents. On the day of this inspection, this vehicle was not yet leased and the person in charge told the inspector that this would be in place prior to the admission of residents to 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):
This was the centre’s first inspection by the Authority.

Findings:
Measures were in place to safeguard residents and protect them from abuse. The use of restrictive practices would be guided by organisational policy.

There were appropriate policies in place for the prevention, detection and response to abuse.

The person in charge confirmed that all staff would be trained in the safeguarding of vulnerable adults and that this was considered a mandatory training for all staff, including relief and agency staff. This training was scheduled for the new staff team the day following this inspection.

There was a named designated contact person in the organisation appointed to deal with adult safeguarding concerns.

There were policies in place to guide staff in attending to the intimate care needs of adults.

All visitors to the centre were required to sign in, as evidenced on the day of the inspection.

There were appropriate systems in place to address behaviours that required a response from staff. There was a policy that guided staff in this regard and a separate policy on the use of restrictive practices. The staff team would be trained in the management of actual and potential aggression and would be required to complete refresher training in this area. The staff team would be able to refer residents to an in-house behavioural support team where required.

The use of restrictive procedures would be monitored by the person in charge and the provider to ensure that the use of these practices was in line with organisational policy.

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):
This was the centre’s first inspection by the Authority.
Findings:
There were systems in place to ensure that the healthcare needs of the residents would be promoted and addressed by staff.

There was a comprehensive section in the personal folder of the residents dedicated to healthcare matters. The healthcare needs of the residents would be assessed prior to and following their admission. Copies of all relevant reports and assessments from health professionals would be sought and placed on file. This information would then be used by staff as part of the overall assessment of need and the subsequent population of the personal plan. Where healthcare issues were identified, a healthcare plan would be devised. The person in charge was aware of the need for specific plans and protocols for healthcare issues such as epilepsy and asthma. She confirmed that staff would receive the appropriate training in order to support the resident in relation to their healthcare needs.

The residents would have at the minimum an annual medical health check by a general practitioner. They would also have access to a team of multidisciplinary professionals either through the provider and or by referral to primary healthcare services. The inspector was informed that staff would maintain records of the resident's attendance at all medical appointments, including dental appointments.

As there were no residents living at the centre, the centre did not have all of the food and drinks that would generally be expected in a centre. The person in charge told the inspector that menu planning would be done on an individualised basis, catering for any diet or nutritional needs. She stated that the advice of dietitians and other specialists would be implemented in accordance with the resident's personal plan.

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:
Systems were in place to ensure safe management of residents' medicines.

The organisation maintained a policy on the ordering, prescribing, storing and administration of medication. The person in charge confirmed to inspector that all staff would be involved in the administration of medicines and thus they would be expected
to complete mandatory training in this area upon their recruitment. Separate training
would be provided on the administration of rescue medicines.

Medicines would be stored safely in a locked cabinet in the staff office. The person in
charge was aware of the need for a separate safe for the storage of drugs that required
stricter controls should they be received at the centre. The capacity of residents to self-
administer medicines would be assessed as part of their overall assessment prior to and
following their admission. The person in charge told the inspector that individualised
medication plans would be developed for the residents where required.

As the centre had not yet opened, there were no current medicine prescription or
administration records for the inspector to review. The person in charge was aware that
the administration and prescription charts were required to record relevant information
pertaining to the individual, such as their names, date of birth, name of medicine, dose
and route.

There were processes in place for the identification and recording of medicine errors and
or near misses and these would be recorded and processed accordingly on the
computerised systems maintained by the organisation.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in
the centre. The services and facilities outlined in the Statement of Purpose, and the
manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The written statement of purpose met the requirements of the regulations.

The statement of purpose outlined that the centre would provide planned residential and
a shared care service for up to four residents at any one time who had been diagnosed
with an intellectual disability and or autism.

The document set out the care needs of the residents that it catered for, the facilities
and services available and contained all of the information required by the Regulations.

The statement was version controlled and would be reviewed annually or more often as
required.
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):**

This was the centre’s first inspection by the Authority.

**Findings:**

Management systems were in place to support the delivery of safe, quality care services. There was a clearly defined management structure. The centre would be managed by a suitably qualified, skilled and experienced person.

A clear management system was in place at the centre. Staff would report to the shift leader and or team leader and all staff would report to the person in charge. The person in charge was accountable to the regional manager. The regional manager reported to a national operations manager (person representing the provider). This post holder then reported to the managing director of the organisation. The management organogram was clearly outlined in the statement of purpose.

There was an appropriate system in place for the annual review of the centre. The person in charge confirmed that she and representatives of the provider were aware of the regulatory requirements for the centre to receive two six monthly unannounced inspections by the provider and a review to be compiled annually. She confirmed that residents would be asked their feedback on the service. There were computerised systems in place to track actions arising from the unannounced inspections and any other significant audits that took place at the centre.

Auditing systems separate to the six-monthly unannounced inspection were also in place at the centre. The person in charge showed the inspector some examples of the in-house auditing systems on areas such as medicines management and personal planning.

The person in charge was suitably qualified and experienced to work in this post and demonstrated very good knowledge of the Regulations and standards and was committed to her own professional development. She was already appointed as person in charge for a designated centre for children with disabilities and would divide her time
accordingly. She also held managerial responsibilities for a separate service and stated that she was confident that she could manage these roles as there would be a team leader appointed who would also be involved in the day-to-day management of the centre.

**Judgment:**
Compliant

### Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector noted that there were systems in place to ensure sufficient resources to meet the assessed needs of the residents and to provide the service as outlined in the statement of purpose. Resources available include a suitable dwelling, a proposed skill-mix to support the residents in accordance with their assessed need and suitable governance and management arrangements.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were plans in place for an appropriate staff team to work at the centre who would
have the relevant skill mix to meet the needs of the residents, some of which had already been recruited. The residents would receive continuity of care from a core staff team. Training and development systems were in place at an organisational level. There were appropriate systems in place for the supervision of staff.

There would be appropriate staff numbers and a skill mix to meet the needs of the residents. As the centre was not yet operational, the staff team were not yet fully in place. The person in charge confirmed that there would be a core team of qualified care workers in place that would report to the team leader and the person in charge. Some of the care staff would be assigned keyworker responsibilities. A small team of relief staff would also be rostered accordingly. A shift leader would be appointed each day to take the lead on the running of the centre.

The inspector spoke with the person in charge about rostering arrangements; she described her ability to plan and roster adequate staff to meet the needs of the residents. She showed the inspector sample rosters and told the inspector she would use relief staff only when needed and these staff would be sourced through a recruitment agency.

A comprehensive system of continuing professional development was in place at an organisational level. There was a programme of mandatory training in place along with refresher training. The new staff team would complete training in areas such as medicines management, fire safety, manual handling and the management of actual and potential aggression. Staff would also have access to non-mandatory training in areas such as communication systems.

There were sufficient arrangements in place to ensure that staff would exercise personal and professional responsibilities. The person in charge along with the team leader would provide professional supervision to all staff as per the frequency set out in the supervision policy; this was in addition to their day-to-day supervision of staff. Regular staff team meetings would take place.

A performance management development system was also in place within the organisation.

Personnel files will be reviewed at the follow up inspection when a staff team is in place.

There were no plans for volunteers to work at the centre.

**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:

Carol Maricle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority