Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Loughnagin
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	08 November 2021
Centre ID:	OSV-0005309
Fieldwork ID:	MON-0027154

About the designated centre

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

Loughnagin centre provides full- time residential care and support for up to five adults with a disability and additional health conditions. Support is provided with the aim to meet residents' assessed needs while ensuring that they are supported in their social roles. Loughnagin is located in a residential area close to a small town. Transport is provided to enable residents to access local amenities such as shops and cafes. Loughnagin is a large modern single storey detached dwelling in its own grounds. The centre comprises five accessible bedrooms, which are provided with en-suite facilities. There is also another bedroom to facilitate staff. Communal facilities include a kitchen/dining room, sitting room and a visitors room. Residents have access to large outdoor gardens to the front and rear of the building. Residents are supported by a team of staff, who are available to meet residents' assessed needs during the day and at evening times. At night time, residents' care needs are supported by staff on sleepover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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:

Date	Times of Inspection	Inspector	Role
Monday 8 November 2021	9:30 am to 4:30 pm	Úna McDermott	Lead

What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that the residents at Loughnagin were enjoying a good quality life where they were supported to be active participants in the running of the centre and be involved in their communities. However, the inspector found that improvements were required in the systems and processes in place in order to improve the quality and safety of service provided. These included, improvements in the notification of incidents, positive behaviour support, safeguarding, rights, and governance and management.

On the day of inspection, there were four residents at the designated centre. The person in charge told the inspector that another resident was at home at that time. During the day, the inspector had the opportunity to speak with three of the residents while adhering to public health guidance of wearing of face masks and social distancing. In addition to this, the inspector was shown four residents' questionnaires which indicated that residents were happy with their daily activities and with the care and support provided.

One resident showed the inspector their en-suite bedroom, which was comfortable, spacious and nicely decorated. The resident showed the inspector family photographs and items of interest which were displayed. The resident spoke about their interest in music and going out on trips. The inspector noted a white board displayed. This had text written on it and magnetic tokens attached. The person in charge told the inspector that this was used as part of a positive behaviour support plan.

Another resident told the inspector that they was 'happy' living in the designated centre, however they also spoke about their wish to visit their home town. The inspector observed a copy of the local paper from the resident's home town on the table. The resident explained that this is delivered to the local shop and that they go to collect it weekly. Other activities and interests were reported including going out for a pint, going to sporting events and using a smart device for meditation at home.

The person in charge was available on the day of inspection and was found to be knowledgeable about the assessed needs of the residents and to provide residents with appropriate attention when requested. The inspector had the opportunity to speak with two staff members. The centre was described as a 'lovely' place to work and like a 'home' with good communication processes in place. For example, the recent introduction of an electronic platform for internal communication which was reported by the staff to be very useful. One staff member spoke about the outdoor area which was described as 'great' as the residents' and staff can carry out manual outdoor work together. The inspector noted that the residents and staff were observed to be in good spirits and content when in the company of each other.

Loughnagin was located on the outskirts of a large town and within easy access of

community facilities. Transport was provided which was observed to be in use by the residents on the day of inspection. The designated centre was a large accessible bungalow which was clean and well maintained. The kitchen and dining area was spacious and accessible for the residents' needs. There was a large sitting room and a smaller relaxation room which the person in charge said was used for residents if they wished to be alone. Items of interest to the residents were displayed on the walls. The outdoor area was accessible and spacious. There was a large poly tunnel which the residents were reported to enjoy and sitting areas for relaxation were provided.

Overall, the inspector observed a warm and welcoming atmosphere in this designated centre. The residents that the inspector met with were happy with their living environment and with the staff supports provided.

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

Capacity and capability

The inspector found that there was an established and experience person in charge on duty on the day of inspection who had the skills required to lead the staff team effectively. There were management systems and processes in place to support the safe delivery of service. However, improvements were required in the overall governance and management of the service to ensure that such systems and processes were effective.

The provider had ensured that the number and skill mix of staff on duty was sufficient to meet the assessed needs of the residents. The person in charge told the inspector that there was a low staff turn-over and this meant that consistency of care was provided. In addition, relief staff were available if required, with these staff known to the residents and familiar with their care and support needs. The staff roster was available and was found to be an accurate reflection of what was happening in the centre on the day of inspection.

Staff had access to training as part of a continuous professional development programme and refresher options were offered. On the day of inspection, one staff member was observed attending an online training course. Although some training events were delayed due to the impact of COVID-19, specific plans were in place to address this which included refresher training in the safe administration of medication and risk assessments.

Systems were in place for the identification of adverse incidents however, these were not reported to the Chief Inspector in accordance with the requirements of the

regulation. These included monitoring notifications in relation to allegations of suspected abuse and regarding injury to residents requiring medical attention. Also, improvements were required in the quarterly notifications. The inspector noted that not all restrictive practices in the centre had been identified and assessed by the provider and reported to the Chief Inspector in line with the regulations.

The provider ensured that an annual review of the service occurred each year, which provided for consultation with residents and their families. This included a quality improvement plan for the subsequent year. Six monthly provider led audits were taking place and were up-to-date. There were systems in place for regular internal audits to occur in the areas of health and safety, infection prevention and control, and fire safety, as well as reviews of incidents that occurred.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff on duty was sufficient to meet the assessed needs of the residents living at the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training and development as part of a continuous professional development programme and that a plan was in place to address outstanding refresher options delayed by the impact of COVID -19.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that an annual review was taking place along with six monthly audits. However, improvements were required in the management systems and processes used in order to ensure that they were appropriate to the residents needs, consistent and effective.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge did not submit all monitoring notifications to the Chief Inspector in a timely manner and in line with the requirements of the regulation

Judgment: Not compliant

Quality and safety

The health and well being of residents' living in this designated centre was maintained by a good standard of care and support. The person in charge had systems in place to support this however, improvements were required in positive behaviour support, safeguarding and residents rights.

All residents in this designated centre had positive behaviour support plans in place and staff had up-to-date training in positive behaviour support. A review of the documentation showed that although a resident had a behaviour support plan in place for a number of years, the recommended strategies were not used consistently and not reduced the occurrence of the behaviour of concern. The inspector noted inconsistent guidance on file which could lead to confusion for example in regards the use of a recommended token reward system. Also, the behaviour support strategies in place required review to ensure that due attention was given to the dignity and privacy of residents involved. For example, how the behaviours of concern impacted on the privacy and dignity of individual residents and on others that may be present.

The provider had procedures in place for the identification, assessment and management of risk which included a site specific safety statement and plans in case of adverse events. Risks that had been identified at service level had been assessed and control measures were put in place. However, a review of the incident log showed that the provider had not ensured that all safeguarding risks were identified and appropriate action implemented.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including outbreak management plans, risk assessments and ongoing discussion with residents. The inspector found that this centre was in good repair and a high standard of cleanliness was maintained.

The provider had fire safety precautions in place, including, fire detection, regular fire safety checks, emergency lighting arrangements and up-to-date fire safety

training had been completed with all staff. The provider had also ensured that adequate fire detection systems and emergency lighting were in place in the designated centre.

Overall, the inspector found that residents were supported with their individual needs, and assisted with opportunities for planning their daily lives and making decisions. Improvements in the processes for the positive behaviour support, safeguarding, rights, notification of incidents, and governance and management would add to the quality of care provided to the residents.

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at this centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including up-to-date outbreak management plans and risk assessments.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection, regular fire safety checks, emergency lighting arrangements and up-to-date fire safety training had been completed with all staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Plans to support residents with their behaviours were in place where required. However, it was noted that these plans were not implemented consistently by all

staff and not identified as effective.

Judgment: Substantially compliant

Regulation 8: Protection

There were good practices in the centre in relation to staff training on safeguarding and the provider had a system in place to report incidences. However, a review of the documents found that not all safeguarding incidents had been identified, assessed and reported by the provider.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and upheld during interactions with staff and residents were involved in making choices about their daily lives. However, not all residents were involved in the decisions made about their lives and on how this may impact on their privacy and dignity.

Judgment: Substantially 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:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Loughnagin OSV-0005309

Inspection ID: MON-0027154

Date of inspection: 08/11/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person In Charge has identified improvements with reference to identifying notifiable events. A look back review was conducted to identify any missing incidents that required notification. A weekly review of incidents is now conducted to ensure all notifiable incidents are identified. Improvements have been made to individual staff supervision to identify any gaps in staff knowledge. Actions implemented with immediate effect 8th November 2021 Notifiable events submitted 8th November 2021+December 9th 2021 to ensure full compliance.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge has conducted a look back review of previous incidents to ensure	

that all appropriate notifications have been made.

Appropriate notifications identified following the review have been actioned.
Notifications have been submitted on November 8th 2021+ December 9th 2021

The Person in Charge will check incident file on a weekly basis to ensure full compliance with notifications.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All residents Behavioural Support Plans (BSP) have been reviewed by the appropriate clinicians and are deemed to be effective and suitable to meet the currently identified needs by the HSE Clinical Psychologist.

The Person in Charge contacted the clinical lead (HSE) on the 22nd November and the 6th December for additional discussions in relation to issues raised during the inspection, additional efforts are now being made to identify the root cause of behaviour and to create a more effective plan.

The Clinical lead (HSE) will review the BSP for the resident in question, a date for review will be decided following meeting with the Psychology department on the 20th December 2021.

New Clinical plans will be implemented with immediate effect and additional staff training will be given to ensure the changes are understood.

The Person in Charge has ensured all team members understand the need for appropriate levels of supervision are maintained at all times, that is , when two residents are present in the same room to minimize the risk of adverse incidents occurring.

The Person In Charge has ensured that all staff have appropriate skills and knowledge required to implement the BSP, this will monitored through the staff supervision tool, commencing in December 2021.

The Person in Charge has reviewed the staff team roster to ensure that the appropriate staff to service user ratios are maintained to minimize adverse incidents.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person in Charge has reviewed the staffing roster to maximize staff effectiveness and to minimize adverse incidents.

Risk assessments and management plans have updated where applicable and implemented with immediate effect.

The Person in Charge will ensure that all staff are knowledgeable with all residents plans through individual supervision and observations of staff practice.9th December 2021

NSM will be contacted in relation to any potential safeguarding screenings submitted 9th December 2021

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Person in Charge has reviewed the staff roster to ensure that the appropriate staffing ratios are maintained in order to the reduce the possibility of adverse incidents occurring. Reviewed 9th December 2021

The Person in Charge will ensure residents rights are adhered to at all times, with a review of all staffing skills and knowledge, with gaps to be identified through the use of the staff supervision tool.
Reviewed 9th December 2021

The Person in Charge will review the training matrix to identify any additional training that may be required. Reviewed 9th December 2021

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	09/12/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Not Compliant	Orange	09/12/2021

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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.	Not Compliant	Orange	08/11/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	09/11/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	20/12/2021

	a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	09/12/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	09/11/2021