



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:	Announced
Date of inspection:	24 October 2018
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0022477

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.

Number of residents on the date of inspection:	5
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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
24 October 2018	11:30hrs to 18:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

On the day of inspection, the inspector met with three of the five residents in the centre throughout different times of the day and 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 Health Information Quality Authority (HIQA) questionnaires, the centres annual review and various other records that endeavoured to voice the residents' opinions.

One resident's questionnaire relayed that they enjoyed eating their meals with the staff. Another resident commented that staff knew them very well and worked with them for a long time.

One resident noted that they were happy with the way complaints were dealt with and one parent advised that their family members were delighted with the excellent care and attention their family member receives in this centre.

The inspector observed that there was an atmosphere of friendliness in the designated centre and that staff were kind, caring and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that overall, 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 maintained through care and support that was person-centred and promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken in to account. Improvements that were required from the previous inspection in February 2018 had all been implemented.

The inspector found that staff had the necessary competencies and skills to support the specific residents that live in the centre and had developed therapeutic relationships with the residents. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day. Family members, who supported residents complete HIQA questionnaires, noted that they were happy with the care and support staff provided to their family members.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A high cohort of the workforce had worked in the centre over 10 years.

The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to enable staff provide care that reflected evidence-based practice. Staff who spoke with the inspector demonstrated good understanding of residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents.

There were governance and management systems in place to assure the delivery of quality person centred care. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Further to the annual and six monthly reviews the person in charge carried out monthly themed audits which were reviewed and signed by senior management. These audits assisted the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery and overall, better outcomes for residents.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. Staff received one to one six monthly supervision meetings with the person in charge and informed the inspector that they found these meetings to be very beneficial to their practice.

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 inspector found that overall, any complaints that had arisen had been dealt with appropriately and in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

Judgment: Compliant

Regulation 15: Staffing

Each staff member played a key role in delivering effective, care and support to

residents.
Judgment: Compliant
Regulation 16: Training and staff development
The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents was made available and was up-to-date with all the required information.
Judgment: Compliant
Regulation 23: Governance and management
The governance systems in place ensured that service delivery was effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.
Judgment: Compliant
Regulation 3: Statement of purpose
Overall, the service being delivered was in line with the current statement of purpose.
Judgment: Compliant
Regulation 31: Notification of incidents

Overall, the person in charge had insured that incidents were notified to HIQA in the required format, within the specified time frame and that the necessary information was submitted. However, on the day of inspection it was found that a number of environmental restrictive practice relating to the external doors and storage cupboard had not been included on the recently submitted NF39. Post inspection the person in charge followed up with an email to acknowledge omission and to advise their inclusion in next quarterly report.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place that ensured the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was an easy to read information booklet and photograph of the complaints officer displayed in communal areas of the house.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for the residents. Each of the resident's well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of each residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspector looked at a sample of personal plans and found them to be up-to-date and reviewed on a regular basis. Personal plans were made available to residents and were in an accessible format supporting the residents to better understand their plans. However, the inspector found that improvements were required around the documentation of the progress and actions of some of the residents' goals.

The residents' personal plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their individual needs. The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

The residents' personal plans promoted meaningfulness and independence in their

lives and recognised the intrinsic value of the person by respecting their uniqueness. Residents were supported to choose goals that were meaningful to them. Achievements were celebrated with photographs taken and displayed throughout the house. One of the residents who enjoyed horse-riding was supported to build skills in animal welfare through volunteering in the local equestrian centre and getting involved in stable management and grooming techniques.

A number of residents attended a local day service while other residents received a service within the centre which had been assessed and personalised to better meet their needs. Some of the goals identified for residents included social activities such as trips away to a hotel, voluntary work, training and education surrounding an electronic device and participation local 5km community run.

Residents were supported to engage in social activities that promoted community inclusion such as going to the local gym, attending religious services, going to concerts and plays, and dining out in nearby restaurants and cafés.

Residents were involved in the running of the house through meaningful household roles and tasks and by expressing themselves through personalised living spaces. Residents were supported to look after their own laundry, the tidying of their bedroom and preparation and cooking of meals.

The inspector found that creative and effective communications systems were in place. New assistive communication techniques and equipment had been implemented for two residents to improve dialog and understanding between them and staff. The implementation was at a pace that best suited the residents needs and further plans were in place to roll it out with other residents over the coming months.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Overall, the residents were protected by practices that promoted their safety. Residents were supported to develop their understanding required for self care and protection through accessible safeguarding information. However, the inspector found improvements were required to some of the safeguarding documentation systems in place.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence and enabled a good quality of life for the residents in the house. The environment provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. Overall, the physical environment of the house was clean and in good decorative and structural repair, and for the most part, where there was structural upgrading required, the person in charge had put plans in place to have the work completed.

The inspector found that there were appropriate systems in place for the prevention and detection of fire. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes. The fire fighting

equipment and fire alarm system were appropriately serviced and checked.

Each of the resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve residents' health and well-being. Medication was reviewed at regular specified intervals as documented in the residents' personal plans.

Regulation 17: Premises

Overall, the premises met the needs of the residents and was in good structural and decorative repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy included all required information.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, protection against infection was effectively and efficiently managed in the centre however, the inspector found that a toilet facility in one of the shared bathrooms had no cover seat fitted.

The inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped paint on the hall wall and the surround of the sitting room door frame. There was broken sealant around the side of bath and sink in a communal bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured

that overall, precautions implemented reflected current best practice.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the inspector found that safe medical management practices were in place and were appropriately reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

However, in the sample reviewed, the inspector found that the recording and documentation of the progress of residents' goals did not capture the actual progress achieved by the residents or the actions required to support residents achieve their goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that in relation to consent, there was a gap in the documentation for two residents however, care was delivered to high standard and did not result in a medium to high risk to residents.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety however, the inspector found that the effectiveness of systems in place to

monitor the ongoing protection of residents was limited at times due to gaps found in the documentation.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0022477

Date of inspection: 24/10/2018

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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Include all restrictive practices in next three monthly notifications	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Ensure all maintenance work outlined in the report is completed	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Discuss with all key workers the requirements re : developing Person centred goals and monitor same. Continue with ongoing monitoring.	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Develop documentation around recording and support in relation to consent for restrictive practices</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Expand on current documentation to capture more information and detail in relation to Behaviours, reflecting impact on all residents. To be discussed at next staff meeting.</p>	

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 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	31/12/2018
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	Substantially Compliant	Yellow	20/01/2019

	incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/12/2018
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	01/01/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	14/12/2019