



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

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:	10 December 2018
Centre ID:	OSV-0005309
Fieldwork ID:	MON-0021977

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 of 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:	3
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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
10 December 2018	08:45hrs to 16:30hrs	Catherine Glynn	Lead

Views of people who use the service

The inspector met and spent time interacting with all three residents during the inspection. Residents spoke about the care and support they received in the centre and expressed satisfaction at this time. Throughout the inspection, residents appeared relaxed and comfortable with the support they received from staff. The inspector observed that staff ensured that residents received assistance in a timely and dignified manner with supports provided in-line with interventions as described in their personal plans.

Capacity and capability

Governance and management arrangements ensured that residents received a high quality of care and support in accordance with their assessed needs. The care and support provided was individualised to the needs of each resident and reflected their personal plans. Practices in the centre ensured that residents were kept safe and protected from harm while in the centre.

Staffing arrangements ensured that residents' needs were met in a timely manner and reflected the agreed support arrangements described in their personal plans. Residents were supported by suitably qualified staff and effective arrangements were in place to ensure that staffing levels were under regular review to meet residents' changing needs and ensure continuity of care.

An annual schedule of management audits into all aspects of the centre's operations was completed by the person in charge and provider. This ensured that residents received a high quality of care and support with their assessed needs. Where audits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre.

The providers risk management practices were in place to effectively respond to adverse incidents which might occur. Accident and incidents were reviewed by the person in charge, and any identified improvements discussed with staff were incorporated into risk assessments to ensure they met residents' assessed needs and current practice developments.

The provider was required to submit a complete application for the renewal of registration of this centre by a specified date; however, the complete application was not received with the required prescribed documentation. The inspector was unable to review the application as part of this inspection. As part of the announced inspection, 19 regulations were reviewed, 17 were compliant, one substantially compliant and one not compliant.

Registration Regulation 5: Application for registration or renewal of registration

The provider had not submitted the required documentation for the renewal of the registration for this designated centre by the specified date.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and actively involved in the management of the centre to meet residents' assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and as described in their personal plans.

Judgment: Compliant

Regulation 16: Training and staff development

Access to regular staff and up-to-date training opportunities ensured that staff were suitably knowledgeable and equipped to support residents' assessed needs.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge had ensured that the directory of residents contained the information as specified by the regulations.

Judgment: Compliant

Regulation 21: Records

Three staff files were reviewed and all were found to meet the requirements of schedule two.

Judgment: Compliant

Regulation 22: Insurance

The centre had appropriate insurance cover in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that residents were protected from harm and received a high standard of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was subject to regular review, reflected the centre's services and facilities; however, it did not contain all information required under regulation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Residents and their representatives were aware of how to make a complaint and the provider had ensured that all received complaints were appropriately recorded and investigated.

Judgment: Compliant

Quality and safety

Throughout the inspection, the inspector observed that residents appeared both happy and comfortable with the care and support they received. Support was provided to residents by suitably qualified staff in a timely and dignified manner, which reflected their assessed needs.

The centre's premises was well-maintained and decorated throughout. Its design and layout ensured that it was fully accessible to residents. The premises' decor was bright and colourful and reflected the interests and age group of residents. Residents' bedrooms were spacious and equipped with television's and radio's if required.

Residents' personal plans were comprehensive in nature and included up-to-date information to guide staff in the care and support provided to each resident. This ensured that all residents received care in-line with their assessed needs and as recommended by multidisciplinary supports. These plans were reviewed annually or more frequent where required and this involved residents and their representatives on such occasions.

The provider ensured that residents were kept safe in the centre and arrangements were in place such as fire evacuation plans and appropriate fire fighting equipment. Staff were regularly involved in fire drills and were knowledgeable on how to evacuate residents safely in the event of an emergency.

Regulation 10: Communication

Communication assessments were completed for all residents and where required further multidisciplinary support was made available. The inspector observed that staff were familiar with each resident's communication needs during the inspection.

Judgment: Compliant

Regulation 17: Premises

The centre's premises were well-maintained and facilities were provided to ensure it was accessible to residents and met their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

Residents and their representatives were made aware of the services and facilities provided through access to the residents' guide.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements kept residents safe from harm and reflected changes in their individual needs and interventions to ensure continuity of care.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire safety arrangements were in place to ensure residents and staff were safe from harm. The provider had a policy and procedure in place regarding fire safety; and all staff were knowledgeable of fire safety procedures in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider's medication practices ensured that medication was securely stored and administered by suitably qualified staff.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access health care professionals as and when required, and supports provided were subject to regular review and reflected current health care professionals' recommendations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, residents had support with the management of behaviours that challenge. The provider had also ensured that all staff were provided with training as scheduled in the management of behaviours that challenge in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included clear reporting protocols. Staff had access to regular training to ensure their knowledge was in-line with current practice.

Judgment: 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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Loughnagin OSV-0005309

Inspection ID: MON-0021977

Date of inspection: 10/12/2018

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Registration Documents were completed in error instead of Registration Renewal Documents The relevant Registration Renewal documents will be submitted to HIQA by Dec 21st 2018	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of purpose will be amended by Dec 21st 2018 and submitted with the Registration Renewal Documents	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	21/12/2018
03 (1)	Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.	Substantially Compliant	Yellow	21/12/2018