



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

Name of designated centre:	An Lochán
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	02 October 2018
Centre ID:	OSV-0005708
Fieldwork ID:	MON-0023421

## About the designated centre

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

The designated centre provides a residential service to four adults who have an intellectual disability. Residents may also have mental health needs and associated behaviours of concern. The centre can also care for residents with medical health care needs and a combination of nurses, social care workers and care assistants. Two staff members attend the centre each day and there is also a staff member present during night-time hours.

The centre is a two storey house which is located in a suburban area of a large town. Public transport links were available to residents and transport was also made available by the provider.

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

Current registration end date:	11/01/2021
Number of residents on the date of inspection:	4

## 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
02 October 2018	09:00hrs to 16:00hrs	Ivan Cormican	Lead

## Views of people who use the service

The inspector met with four residents who appeared relaxed in the home. One resident spoke at length with the inspector and they stated that they liked living in their home. Two residents could also verbalise their thoughts but these residents choose not to discuss their thoughts on the centre. One resident was non-verbal and this resident appeared to enjoy their surroundings and they interacted freely with the inspector and staff who were present.

## Capacity and capability

The provider had a suitable management structure in place and all prescribed audits of the service had been conducted as required. The information gathered from these audits was used to improve the quality of some aspects of care which was provided in the centre, for example, there had been a recent increase in behaviours of concern due to the changing mental health needs of some residents and the provider was keeping this situation under regular review to ensure that the safety of the service was maintained to a good standard. However, the auditing system in use in the centre failed to identify some deficits in regards to the use of restrictive practices, notifications and supporting residents to access further education and training which impacted on the overall quality of the service which was provided.

Staff who met with the inspector had a good understanding of the service and of the residents' care needs. Residents appeared relaxed in the company of staff members and some residents who met with the inspector stated that they liked the staff members who worked in the centre. A review of the rota indicated that residents received continuity of care from staff members who were familiar to them which included regular agency staff. The provider was also assured that the safety of residents was maintained to a good standard by offering mandatory and refresher training in safeguarding, fire safety and supporting residents with behaviours of concern.

The person in charge had been recently appointed to the role and was found to have a good understanding of the centre and of the residents' care needs. Regular team meetings and staff support were scheduled which facilitated staff members to discuss care practices and any concerns which they may have in regards to the service which was provided in the centre.

Residents were supported to make a complaint, if they so wished, in regards to the service provided, which assisted in improving the quality of the service for each

resident. All complaints had been responded to in a prompt manner and residents were kept up-to-date with the progress and outcome of individual complaints.

#### Regulation 14: Persons in charge

The person in charge was newly appointed and was appropriately qualified and experienced. The person in charge attended the service on a regular basis and conducted regular audits of the care practices in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The person in charge maintained an accurate staff rota and residents were supported by staff members who were familiar to them.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were up-to-date with mandatory training needs and regular support and supervision was scheduled to be delivered by the new person in charge.

Judgment: Compliant

#### Regulation 19: Directory of residents

All information as required by the regulations was available for review in the centre's directory of residents.

Judgment: Compliant

#### Regulation 30: Volunteers

There were no volunteers in place in this centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider maintained a record of all notifications which were submitted to the chief inspector. However, the provider did not submit the required notification in regards to the use of all restrictive practices which were in use in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Residents were supported to make a complaint if they so wished and a review of complaints records in the centre indicated that residents were kept up-to-date in regards to the progress and outcome of their individual complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies had been reviewed as required by the regulations and these policies were available to staff in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

The provider and the person in charge was conducting regular audits of the service which was provided in the centre. These audits had helped to sustain the quality of the service which was provided in regards to some aspects of care; however, this system failed to identify deficits in regards to the use of restrictive practices, notifications and also in supporting residents to access further education and training.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life and they were also assisted to engage in community activities which were meaningful to them. However, some improvements were required in the use of restrictive practices and supporting residents with further education and training.

Residents appeared relaxed and comfortable on the day of inspection and staff members were observed to interact in a friendly manner with residents. There were no active safeguarding plans in the centre and residents were supported in their awareness of safeguarding through regular house meetings. The provider's designated officer was also scheduled to visit the centre following the inspection to discuss safeguarding with all residents. There had also been a recent escalation in behaviours of concern in the centre and the provider was keeping this situation under close review to ensure that the safety of residents was maintained at all times.

There were detailed support plans in place to assist staff members in the delivery of care to residents who may engage in behaviours of concern. These support plans were also linked to protocols for the administration of medicinal interventions which had been prescribed by the mental health team. These protocols listed that medicinal interventions may be used 'as required' and as part of a more sustained medicinal intervention. These protocols were found to be detailed in nature in regards to the administration of 'as required' medications but gave conflicting information in regards to administration times. Furthermore, the inspector also found that further clarity was required to guide staff when a more sustained approach to medicinal interventions was required.

There were some restrictive practices in place which had been notified to the chief inspector; however, the provider had not recognised that some care practices were restrictive in nature and as a result these practices had not been subject to ongoing review to ensure that they were required and that the least restrictive option was utilised in the centre. Furthermore, the provider had not ensured that all restrictive practices were implemented with the informed consent of the resident or their representative.

Residents' rights were promoted in the centre and it was evident through observation and documentation that residents were consulted in regards to their own care and also in regards to the operation of the designated centre. Residents had been registered to vote and a resident had also been supported to make a referral to an external advocate.



## Regulation 10: Communication

Each resident had a detailed communication plan in place and the inspector observed that some residents who required additional support were freely able to communicate with staff members.

Residents also had access to television, radio, local newspapers and the internet.

Judgment: Compliant

## Regulation 11: Visits

The provider maintained a log of family contact which indicated that residents had regular interactions with their own families. The centre also had a sufficient number of reception rooms for residents to meet with their family members in private.

Judgment: Compliant

## Regulation 12: Personal possessions

Staff members maintained a log of all resident's personal possessions and accurate transaction records were in place for all money which was spent on behalf of residents. A resident had recently opened a personal account with a local financial institution and the person in charge was supporting other residents to open individual personal accounts.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents choose which meals they would like to have throughout the week and residents were supported to buy and prepare their own meals in line with their individual wishes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The person in charge maintained a risk register which was reviewed on a regular basis to ensure that the safety of residents, staff and visitors was promoted at all times.

Judgment: Compliant

### Regulation 27: Protection against infection

Hand washing was promoted in the centre and there was a cleaning schedule in place to ensure that the centre was well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

All staff had received training in fire safety and several fire drills had been completed following the admission of residents to the centre. These drills indicated that residents could be evacuated in a prompt manner should a fire occur.

The provider had not conducted a fire drill with minimum staffing to ensure that evacuation of the centre could be satisfactorily completed at all times of the day and night; however, subsequent to the inspection the provider submitted assurances that a satisfactory fire drill had been completed with minimum staffing.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were locked storage facilities in place for medications and the person in charge stated that revised storage was being sourced to provide medication storage for each resident in their bedroom. A review of administration records for a sample of residents indicated that medications had been administered as prescribed. However, residents had not been assessed to manage their own medications.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no active safeguarding plans in place in the centre and residents were also supported in the area of self care and protection.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents was promoted in the centre and residents were registered to vote and supported to exercise their political views.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to attend the community to engage in activities of personal interest and a resident who spoke with the inspector indicated that they loved to cook and bake in their home. The provider had an assessment in place in regards to residents' wishes for accessing further education, training and employment; however, these assessments had not been fully completed and where a resident had indicated that they wished to pursue further training and education - these wishes had not been progressed which impacted on the resident's personal development.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

There was clear guidance in place to support residents who, due to their care needs, may engage in behaviours of concern. However, improvements were required in regards to the use of restrictive practices and in regards to medicinal protocols which were in place to support residents when they may engage in behaviours of concern.

Judgment: Not compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant

# Compliance Plan for An Lochán OSV-0005708

Inspection ID: MON-0023421

Date of inspection: 02/10/2018

## 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
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>As per Regulation 31 (3) the person in charge will ensure that a NF39 is provided to the chief inspector at the end of each quarter of the calendar year in relation to restrictive practices – physical, chemical, or environmental. Restrictive practices, where used, will be done so in accordance with national policy and evidence based practice.</p> <p>The door sensor on a resident's bedroom door has been removed. The PIC in conjunction with the Multi-Disciplinary Team have reviewed the remaining door sensors (on exit doors) and recommended that they are turned off. This will be monitored by staff for four weeks, with a view to having sensors removed at that time.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As per Regulation 23 (1) (c) the PIC will ensure management systems are in place so the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. A multi-disciplinary process has been engaged which includes CNS Behaviours of Support to review all use of restrictive practice within the home and reduce it, based on an updated risk assessment.</p> <p>The PIC will ensure that residents are supported to access the opportunities for education, training and employment as identified by themselves in the Education, Training and Employment Assessments. This has been discussed as a priority for the resident's at the most recent staff meeting. Keyworkers and residents are working together to follow up on the actions identified in the Assessments. They have been incorporated into each resident's goals and will be monitored and reviewed in monthly</p>	

keyworking reports. The progress will also be discussed in monthly team meetings.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	
<p>The PIC has ensured a Self-Administration Capacity Assessment Tool - Medication has been completed with each resident as per Regulation 29 (5). Each resident is encouraged to take responsibility for their own medication, in accordance with their wishes, and preferences and in line with their age and the nature of their disability.</p>	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development:	
<p>As per Regulation 13 (4) (a) the PIC will ensure that residents are supported to access the opportunities for education, training and employment as identified by each individual following their assessments. Keyworkers and residents are working together to follow up on the actions identified in the Assessments. They have been incorporated into each resident's goals and will be monitored and reviewed in monthly keyworking reports. The progress will also be discussed in monthly team meetings.</p>	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	
<p>As per Regulation 7 (3) (4) and (5), the residents will be assessed by the CNS in Behaviour Support and where required by the Clinical Psychologist.</p> <p>The Registered Provider will ensure that where restrictive procedures including, physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence-based practice. PIC has met with CNS Behaviours of Support and Multi-Disciplinary Team for discussion regarding environmental restrictive practice. If necessary, any restrictive practice will be referred to the Human Rights Committee and the process for restrictive practice shall follow the national policy.</p> <p>Therapeutic interventions will be implemented with the informed consent of each resident and/or their family where appropriate, and will be reviewed as part of the personal planning process at each resident's Annual Review.</p> <p>The PIC will ensure that all efforts are made to identify and alleviate the factors</p>	



contributing to the resident's challenging behavior and that all alternative measures are considered before a restrictive procedure is used, and that any restrictive practice is used for the shortest duration necessary with the least restrictive procedure.

PRN medication has been reviewed by MHID, and PRN protocols been reviewed by CNS and updated so that the information is clear, systematic, and precise. The PIC has ensured that all protocols and medication administration guidelines support consistent guidelines.

## 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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	30/11/2018
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	30/11/2018
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is	Substantially Compliant	Yellow	Completed

	encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	Quarterly
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.	Not Compliant	Yellow	14/12/2018
Regulation 07(4)	The registered provider shall	Not Compliant	Yellow	30/11/2018

	ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	30/11/2018
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Yellow	30/11/2018