



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

Issued by the Chief Inspector

Name of designated centre:	Lannagh View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	04 March 2020
Centre ID:	OSV-0001771
Fieldwork ID:	MON-0025798

About the designated centre

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

This centre is a five bedded bungalow in a quiet residential area outside a large town, and in close proximity to shops, parks, bars, restaurants and the theatre. The centre provides a residential service to adults aged 18 or over, both male and female who have varying levels of support needs. These include people with autism, downs syndrome, acquired brain injuries, and dementia. This centre operated on a full-time basis, 7 nights for 52 weeks per year. There is a minimum of two staff members on duty at any one time, and there is a waking night and a sleep in staff on duty at night.

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

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
Wednesday 4 March 2020	11:15hrs to 18:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector got the opportunity to meet three residents who lived at the centre, when they returned from their day activities. There was one vacancy in the centre at the time of inspection. Residents communicated with the inspector on their own terms and appeared to be happy and comfortable with staff, and in their home environment.

One resident spoke about some activities that they enjoyed while living in the centre; including taking part in music sessions, listening to music in their bedroom and going for walks. The resident spoke about their interest in music, and played a tune on the tin-whistle for the inspector. Another resident spoke briefly to the inspector before being supported to go out shopping during the evening. The resident spoke to the inspector about what they planned to purchase while out shopping. Another resident did not communicate verbally; however the inspector observed them being supported by staff during the evening, and they appeared relaxed and content with the supports given. Staff who were supporting residents were observed to be knowledgeable about residents' individual needs and supporting them in line with their care plans.

The inspector also spoke with two staff and the person in charge as part of the inspection. The staff demonstrated very good knowledge about resident's needs, likes and communication preferences. Staff who the inspector spoke with also talked about the activities that residents enjoyed; including going to the cinema, going to Mass, shopping and visiting family.

Capacity and capability

The inspector found that there was a good governance and management structure in place in the centre which ensured that residents received a person centred and safe service. Regular audits were completed which ensured good oversight and monitoring of the service by the management team. Overall the centre was found to be compliant with the regulations; however some improvements were required in the documentation of care plans, inspections of fire doors and improvements in documenting fire drills which would further enhance the quality of care and safety of residents. These are discussed under the quality and safety dimension.

The person in charge worked full-time and had been working in the centre for a number of years. He had responsibility for one other designated centre also which was located nearby, and he divided his time between the two centres. The person in charge covered some front line shifts in the centre and it was evident that residents were familiar with him. The person in charge had good oversight of the centre by

conducting regular internal audits in areas such as medication, health and safety, finances, individual plans, staff documentation and accident and incidents.

The inspector found that the staffing arrangements were adequate to meet the needs of residents on the day of inspection. A resident who had been assessed as requiring one to one support was observed to be supported in line with their needs. The staff numbers, names and skill-mix were reflected on the rota, which was available in the centre. There was a consistent staff team in place which ensured good continuity of care, and staff spoken with stated that they had been working in the centre for a number of years and were noted to be very familiar with residents' needs.

Staff received regular training as part of their continuous professional development and a review of training records demonstrated that staff were provided with mandatory and refresher training in areas such as fire safety, safeguarding, managing behaviours and minimal handling. The person in charge had completed a training needs analysis which identified further training that was required to support individual residents with their specific care needs. A review of training records indicated that staff had received additional bespoke training to support residents with identified needs. The person in charge conducted regular supervision sessions with staff, and staff who the inspector spoke with said that they felt well supported and could raise any issues or concerns to the management team if needed.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. Quality improvement action plans had been devised as a result of these audits and there was evidence that these actions were under ongoing review. The most recent unannounced provider audit which had been conducted less than two weeks before the inspection showed good oversight and monitoring by the provider, with actions identified to further improve the quality of the service. The person in charge had just received the action plan arising from this audit and spoke about how they were going to work on the actions. The annual review of the service also identified areas for improvement for the centre and provided for consultation with residents' families by use of a questionnaire where feedback was received.

There was a good complaints management procedure in place. There were no open complaints at the time of inspection and a review of the most recent complaint showed that it had been followed up in line with the organisation's procedure. There was an easy-to-read version of the complaints procedure in place, which contained details of the appeals process. One resident spoken with stated that they were happy with the service, and said that they would speak to the person in charge if they were not happy with any aspect of the service.

The provider had systems in place for the recording and review of incidents and accidents, and the inspector found that all notifications that were required to be submitted to the Chief Inspector of Social Services had been submitted as required by the regulations.

Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience as required by the regulations to manage the service. It was evident through observation, and from speaking with the person in charge and residents, that residents were familiar with the person in charge.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that on the day of inspection the staffing numbers and skill-mix met the needs of residents who lived in the centre. A rota was maintained by the person in charge and was available for review, which was found to be accurate and well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training as part of their professional development. The person in charge completed a training needs analysis which identified additional training required to meet specific support needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place in the centre which was available for the inspector to review. This contained details as required in the regulations, and included information about when residents were admitted and discharged from the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were found to be robust, with good oversight and monitoring of the centre by management. Staff spoken with said that they were supported in their roles and there were opportunities for staff to raise concerns through team and individual meetings with the person in charge, if required.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that all incidents that were required to be notified to the Chief Inspector were completed as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which detailed the time lines for responding to complaints and information about the appeals process. The inspector found that where complaints were made, these were responded to in line with the organisation's procedures and that all efforts were made to ensure the complaint was addressed to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a person-centred, quality and safe service. However, the inspector found that some improvements were required with regard to the documentation of care plans and fire drills and annual checking of fire doors, which would further enhance the quality of care and safety of residents.

Residents had support plans in place for assessed needs; including health, social, personal and communication needs. In addition, an assessment of needs had been completed to ensure residents' needs were identified and supports put in place where required. However, the inspector found that while safe care was delivered to

residents, an aspect of documentation in relation to a resident's health care action plan did not reflect the most recent changes that were recommended by a medical professional.

Residents who required support with behaviours of concern had support plans in place which detailed triggers to behaviours, and proactive and reactive strategies to support residents. There were some restrictive practices in use in the centre, which had been assessed to be the least restrictive. The inspector found that the person in charge undertook regular reviews to assess the need for the restrictive practices. For example, the person in charge explained that a restrictive practice that had been in place was recently removed as the risk was assessed to no longer be present.

The premises was found to be clean, homely and accessible for residents, with ramps and handrails in place at various locations throughout. There was some internal painting going on at the time of inspection while the residents were at their day programmes. This was noted to have been discussed with residents at residents' weekly meetings, where it had been documented about the consultation with residents regarding the choice of colours. The inspector found that residents had access to suitable laundry facilities and that there was sufficient storage in place for residents' personal possessions. Residents had their own bedrooms which were decorated in line with their likes and preferences.

There was a policy and procedure in place for the management of risk in the centre. In addition, there were procedures in place to guide staff about what to do in the event of adverse events. The person in charge maintained a service risk register and residents had personal risk management plans in place for any identified risks. The person in charge demonstrated a good understanding of risk management and was in the process of updating the service risk register as identified in a recent provider audit. There was a system in place for the review of accidents and incidents, and review of incidents was an agenda item for team meetings.

The provider ensured residents' safety while staying in the centre. Staff were trained in safeguarding residents and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. One staff spoken with explained how they had followed safeguarding procedures in relation to a safeguarding concern that had arisen in the previous year. This demonstrated staff's awareness of their responsibilities and the procedures to be followed to ensure residents are safe. In addition, there were comprehensive plans in place for intimate care practices which guided staff in how to support residents, and which also aimed to promote residents' independence in this area.

The centre had systems in place for the detection, containment and prevention of fire, and regular fire safety checks were completed. However, the fire doors were found to be overdue for inspection. There was a centre emergency evacuation plan in place and fire evacuation notices on display around the house. Staff received training in fire safety and regular fire drills were carried out. Residents had personal emergency evacuation plans in place and staff who the inspector spoke with were knowledgeable about residents' support needs during an evacuation of the centre. However, although fire drills were occurring and residents were evacuated,

the recording system of the fire drills did not allow for areas of improvement to be noted to ensure that residents could be evacuated in the most efficient manner. In addition, while there was a schedule in place to ensure all staff and residents took part in fire drills; it was noted that four staff had not taken part in any fire drills during 2019 and 2020.

Regulation 10: Communication

Residents had communication profiles in place which detailed their preferred methods of communication, and guided staff in how to best support them with communication and making choices. Residents had access to televisions and music players in their own bedrooms in line with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' general welfare and development was promoted with residents engaging in a range of activities both in house and in the community; including reflexology, music therapy, going to the cinema, attending Mass, shopping and day trips. Residents were supported to maintain contact with family members by going on regular visits and also receiving visitors to the centre.

Judgment: Compliant

Regulation 17: Premises

The premises had adequate space and facilities for the needs and numbers of residents. The home was clean, homely and nicely decorated, with internal painting taking place at the time of inspection in some of the communal area rooms to enhance the environment. There was space for residents to engage in activities in house; such as cooking, having visitors, watching television and sitting out in the garden.

Judgment: Compliant

Regulation 26: Risk management procedures

There was an up-to-date risk management policy which included all the information as required by the regulations. There was a system in place for the identification, assessment and management of risk with regards to specific risks relating to residents and the service. The person in charge maintained a service risk register, which they were currently reviewing and updating at the time of inspection as identified in the most recent provider audit.

Judgment: Compliant

Regulation 27: Protection against infection

There were equipment and procedures in place to protect against infection. The inspector found that where care practices that required specific infection control procedures were identified, there were detailed plans in place to guide staff in order to promote residents' safety and wellbeing.

Judgment: Compliant

Regulation 28: Fire precautions

Overall fire safety management systems in place in the centre were good with equipment in place, training provided to staff and fire safety checks in place. However, the inspector found that the annual inspection of the fire doors had not occurred. In addition, not all staff had taken part in fire drills. In addition, where there was a noted increase in times to evacuate residents, the documentation of the fire drills did not allow for areas of improvement to be noted so as to ensure that residents could be evacuated in the most efficient manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of needs were carried out on residents which were used to inform the supports required. Residents' personal, social and healthcare needs were assessed, and action plans were put in place where required. However, the inspector found that while safe care was being delivered in line with allied healthcare professional's advice and staff were aware of what was required, the corresponding care plan had not been updated to reflect the most recent change that was required.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents were supported to achieve the best possible health by being facilitated to access a range of allied healthcare professionals where this was required and recommended.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place and protocols developed to guide staff in how best to support them. Staff spoken with were knowledgeable about how to support residents with behaviours and in line with the support plans in place. A rights checklist was maintained for each resident, which outlined restrictive practices that were in place. These were kept under regular review by the person in charge to ensure that they were the least restrictive.

Judgment: Compliant

Regulation 8: Protection

Staff were trained in safeguarding and staff who the inspector spoke with demonstrated knowledge about their responsibilities if they had a concern of abuse. A resident who the inspector spoke with stated they would go to the person in charge if they had a concern about something.

Judgment: 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 14: Persons in charge	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Lannagh View Residential Service OSV-0001771

Inspection ID: MON-0025798

Date of inspection: 04/03/2020

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Fire Doors- A priority request has been forwarded to the maintenance department for the annual inspection of fire doors to be completed. 2. Fire Drills – staff have been identified as to who is required to complete fire drills as per annual schedule, these will be prioritized over the coming weeks as per work roster. This will be reviewed by manager at end of yearly ¼ to ensure they are complete. 3. Documentation – The current documentation for recording fire drill has been amended in house to identify reasons and comparisons of previous drills ensuring effective data collection and rationales to ensure service users effective fire evacuation. The organisation Health & Safety Officer has also been informed of the feedback from the Inspector and will take this on board when redesigning the current format. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>This action has now been completed:</p> <p>The manager has reviewed the identified care plan to include the most updated information to reflect the individual’s current needs. As outlined all staff are aware of this change and adhere to the care plan in a consistent manner.</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 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	27/04/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	27/04/2020
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	25/03/2020