



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

Issued by the Chief Inspector

Name of designated centre:	Loughnagin
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	09 September 2020
Centre ID:	OSV-0005309
Fieldwork ID:	MON-0030136

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 9 September 2020	11:00hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival, the inspector was greeted by a resident and the centres person in charge. The resident spoke to the inspector about their hobbies that they engage in and asked the inspector if they had visited some of the local amenities. The inspector was supported to meet with a second resident before they went on an outing. The resident and staff member discussed some of the things the resident enjoyed and also some of their past achievements. Both residents appeared comfortable and were interacting with those supporting them in a jovial manner.

Capacity and capability

The provider had ensured that the centre was resourced to ensure the effective delivery of care to the residents. There were, however, improvements required to staff development.

Improvements were required to ensure that all staff members were receiving supervision in line with the provider's policies and procedures. The inspector also reviewed a training needs analysis spreadsheet and found that there was outstanding refresher training for a number of staff members. COVID-19 restrictions had delayed training taking place and the person in charge was seeking to organise dates for the outstanding training.

The provider had ensured that there was a clearly defined management structure in place in the centre. A review of the residents' information showed that there were effective monitoring systems in place that were leading to positive outcomes for residents. There was, however, some improvement required to the monitoring of other information including staff training records and staff members information. This was addressed by the person in charge during the course of the inspection.

The provider had ensured that an annual review of the quality and safety of care and support had been completed. Actions had arisen from this report and these had been addressed by the provider and person in charge. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

The staff team was made up of a person in charge, team lead, and rehabilitation assistants. The inspector reviewed staffing rosters and found that there was a consistent staff team in place and that residents were receiving continuity of care. The inspector reviewed a sample of staff members' information and found that the person in charge had obtained the information and documentation specified in

Schedule 2 of the regulations.

The inspector reviewed an ongoing transition plan for a resident and noted that the plan had been developed in line with the resident and their wishes. A review of residents information also displayed that existing residents were being supported with the transition as well.

Overall, the provider had ensured that there were arrangements in place to ensure the needs of residents were being addressed appropriately.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were improvements required to ensure that all staff members were receiving supervision in line with the providers policies and procedures.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose containing the information set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that there were appropriate admissions processes in place.

Judgment: Compliant

Quality and safety

Residents were receiving a good standard of care that was developed in line with their needs and wishes. There were however improvements required to the systems in place to review and learn from adverse incidents.

The provider had ensured that the policy on risk management procedures contained the necessary information as per the regulations. There were systems in place to record adverse incidents. A review of the centre's adverse incident log displayed that there had been an increase in the number of recorded incidents when compared to the 2019 period. The inspector found that there were inconsistencies in regards to the investigation and recording of learning following serious or adverse events. These practices were inadequate and required attention in order to ensure that all risk control measures were appropriate.

The provider had ensured that the centre was well maintained and designed and laid out to meet the aims and objectives of the service and the needs of the residents. Residents had also received comprehensive assessments of their medical and social care needs, an appraisal of a sample of residents' information showed that residents were receiving individualised supports. The review also displayed that the staff team were responding to the changing needs of residents and that the healthcare supports were being developed in line with the needs of residents. Residents had access to allied healthcare professionals when necessary and there were detailed support plans in place. There were also systems in place to ensure that residents received adequate positive behavioral support when necessary. Residents had access to therapeutic interventions and there was evidence of specialists providing support and guidance to residents and the teams supporting them.

A review of residents' goals and achievements displayed that residents were being consulted with and supported to develop goals that were in line with their wishes. Before the introduction of COVID-19 restrictions residents were active members in their community and were supported to go on overseas breaks and attending sporting events of their choosing. Residents were also being supported to achieve goals regarding their independent living skills.

In reviewing the provider's arrangements for the management of COVID-19, it was

observed that the provider had put a number of controls in place. The provider had ensured that the staff team had received training in personal protective equipment (PPE) and infection prevention and control training. Screening assessments were being carried out for visitors and daily temperature checks were being completed as per guidelines. The inspector did, however, review certain areas of infection control with the person in charge and noted that adaptations were made during the course of the inspection.

The inspector found that there were appropriate and suitable practices relating to the receipt, disposal, and administrations of medicines. Medication audits were also being completed on a regular basis.

Overall, the inspection found that residents were receiving care that was individualised and was seeking to promote their independence.

Regulation 13: General welfare and development

The residents had opportunities to participate in activities in accordance with their interests, capacity and ability.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the centre was well maintained and designed and laid out to meet the aims and objectives of the service and the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were improvements required to the providers systems to review and learn from adverse incidents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place relating to management and administration of the residents' medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured that comprehensive assessments of residents health and social care needs had been carried out.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loughnagin OSV-0005309

Inspection ID: MON-0030136

Date of inspection: 09/09/2020

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Refresher training outstanding (due to Covid19) has been partially completed from 18/9/20, any additional refresher training is scheduled for its due date in 26/11/2020+ 5/12/2020.</p> <p>Staff supervision is completed every three months inclusive of the centers one relief staff member.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Recommendations from Hiqa Inspector have been implemented with immediate effect from the 9/9/2020 with learning evidenced on all individual Accident and Incident reporting and outcomes going forward for all team members.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2020
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	09/09/2020