



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

## Issued by the Chief Inspector

Name of designated centre:	Leamlara Residential Service
Name of provider:	Barróg Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 May 2023
Centre ID:	OSV-0008052
Fieldwork ID:	MON-0039431

## About the designated centre

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

Leamlara Residential services provides full time residential care for up to two adults with an intellectual disability and autism. The centre is a large detached property located in a rural village in Co.Cork. Each resident is supported to have a private room, with ample communal space within the centre. A large fully equipped kitchen dining room and utility room is present. Full time staff support is provided to residents 24/7 through out the year. Oversight of the centre is maintained by members of the governance team including the appointed person in charge and team leader. The mission statement of the centre is "to foster ongoing learning in each person the ability to value themselves"

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

Number of residents on the date of inspection:	2
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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 (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
Tuesday 30 May 2023	09:05hrs to 16:30hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

Leamlara residential services provides 24 hour residential supports to two individuals. The centre became operational in December 2022, with two residents now residing in the centre the decision was made by the provider to reduce the capacity of the centre to two, therefore no admissions will occur to the centre. Overall, the centre presented with a good level of compliance. Some improvements were required in the area of infection control and the process of documentation. These will be discussed in the Quality and Safety section of the report.

On arrival to the centre both residents were starting their day. One resident interacted with the inspector in the kitchen area. When this resident becomes heightened or anxious they can engage in conversations pertaining to horror movies. The inspector observed staff engaging with the resident in accordance with the resident's behaviour support plan to support the resident and provide assurance. The resident said goodbye to the inspector and went about their routine. They chose not to remain and continue the interaction. This was respected.

The resident was observed going about their activities in the house before leaving to go to their day service. Since the previous inspection the resident's attendance and participation in this service had increased with staff reporting the resident enjoying more activities in the community. The resident waved goodbye to the inspector in the window. They had not returned to the house when the inspection was completed.

The other resident availing of the service in Leamlara said hello to the inspector when they were coming down the stairs. They brought the inspector to their living room. They had picked out the colours of the walls and had helped staff to decorate the room. They showed the inspector their medals from Special Olympics and their collection of DVD's. They had many favourites and liked to watch them in their living room. They also liked to listen to or play music on their headphones.

The resident told the inspector they could use their room during the inspection and also told them they could look at their plans. The inspector met this resident again at the end of the inspection. They told the inspector they had a good day in their day service. They choose not to interact with the inspector at this time as they were anxious to return to their living room.

Each resident had their own bedroom which was decorated to reflect their unique interests and hobbies. Also, each resident had their own living area where they could spend time alone if they so choose. Residents were currently deciding what the function of the shared room would be. This was being discussed in the weekly house meetings.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection completed in Leamlara residential services. The purpose of the inspection was to monitor the providers compliance to regulations. This was the second inspection completed in the centre since becoming operational in December 2022. Actions identified from the previous inspection had been addressed with evidence of adherence to the compliance plan response. While overall, a good level of compliance was evidenced some further improvements were required.

The registered provider had appointed a clear governance structure to the oversight the management of the centre. A suitably qualified and experienced person in charge was appointed to over the day to day operations of the centre. They reported directly to two persons participating in management. At the time of the inspection the person in charge held remit over this centre only. There was evidence of ongoing communication within the governance structure including regular management meetings.

The registered provider ensured the implementation of the regulatory required monitoring systems in the centre. This included the annual review of service provision for 2022, it was unclear from the report when this review had been completed. Also, a six monthly unannounced visit had been completed to the centre in April 2022. Areas for improvement identified were highlighted in an action plan and were actively being addressed by the person in charge. This included in such areas as training needs of staff and premises works to be completed.

In conjunction to these the person in charge also completed regular on site auditing in such areas as infection prevention and control and restrictive practices. Weekly house inspections were completed to monitor and improve such areas as housekeeping, fire safety and working environment. Other audits which were completed within their allocated time frame included first aid, hand hygiene and safeguarding. Some improvements were required to ensure that all tools were utilised to identify and addresses areas of non-compliance for example in the areas as infection control.

The registered provider had ensured the allocation of a staff team to the centre. Nursing care was afforded where required by the person in charge. An actual and planned roster was in place which evidenced the continuity of care provided to residents. The person in charge implemented effective measures for the appropriate supervision of the staff team. This incorporated both face to face formal

supervisions and through staff meetings.

Overall, staff were supported and facilitated to attend training which was deemed mandatory to support the residents' assessed needs. While a training matrix was in place, some minor gaps in staff training were evident. There were no records present for one staff member who had recently joined the team.

The registered provider had ensured the development of review of policies and procedures as required under Schedule 5 of the Health Act 2007. This included in the area of complaints. There was a clear complaints process in place with evidence provided on the day of inspection of adherence to this, including the resolution of the complaint and satisfaction of the complainant. Residents were informed in the area of complaints and were supported to submit complaints as required by the staff team.

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured the allocation of an appropriate staff team to the centre. The person in charge maintained an actual and planned roster which evidenced continuity of care for residents residing in the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had implemented effective measures for the appropriate supervision of staff. While overall, staff were supported to attend mandatory training, some gaps remained evident on the training matrix.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure to the centre with clear lines of accountability and responsibilities. The provider had ensured the implementation of the regulatory required monitoring systems which were utilised in conjunction with the on site auditing tools. Some improvements were required to ensure that all areas of actions were identified and addressed in a timely manner, for example in the areas as infection control.

Effective measures were in place to support staff to raise any concerns pertaining to the service provided to residents currently residing in the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge had not ensured that all incidents were notified as required.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The registered provider had ensured the development of an effective complaints procedure. This included the resolution of the complaint and the satisfaction of the complainant.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider had ensured the development and review of policies and procedures as required under Schedule 5.

Judgment: Compliant

## Quality and safety



Leamlara residential service provides supports to two residents. At the time of the inspection the provider had submitted an application to vary their current registration conditions. This would reduce the capacity of the centre to two and provide additional communal space for individuals. Residents were consulted in this process and were currently reviewing ideas for the function of the communal space. The centre presented as a clean and homely environment where residents were supported to decorate their personal space in accordance with their wishes and interests.

Each resident in the centre had been supported to develop their individualised personal plan. These incorporated a comprehensive assessments of the residents needs and personal goals which the resident choose to meet in the coming year. Each plan incorporates the individualised needs of each resident including their likes and dislikes, communication needs and weekly routine. Goals are set for each quarter following consultation with the resident. Some goals evidenced included going horse riding and going for a haircut. Quarterly meetings are held with the residents' circle of support to ensure the personal plans incorporate the residents current support needs. This included members of the multi-disciplinary team and day service keyworkers.

Residents residing in Leamlara could at times require support in the area of behaviours of concern. To ensure a consistent approach to this the provider had obtained multi-disciplinary services to develop and review individualized behaviour support plans. These plans incorporated both reactive and proactive strategies to support residents. Plans were evidenced to be comprehensive and incorporated a holistic approach to supports.

The person in charge had ensured that residents were supported to protect themselves from abuse. Staff had training in the areas of protecting vulnerable adults from abuse and the provider had policy and procedures to guide practice. The person in charge reviewed the compatibility of residents sharing the living space of the house regularly and introduced measures to build a friendship between residents. However, while incidents were recorded, incident forms did not record the potential impact of one resident's behaviour on the others present. A review of recording systems was commenced by the person in charge on the day of the inspection.

The centre was evidenced to operate in a manner that ensured the safety of residents. Effective fire safety procedures were in place including regular evacuation drills and the required firefighting equipment. All fire safety systems were tested regulatory by a competent person. The provider had ensured effective processes were in place for the ongoing identification and review of risk within the centre. A risk register had been developed and regular reviewed by the person in charge to ensure the current control measures in place ensured the reduction of the impact and likelihood of the risk.

The centre presented as clean with a cleaning schedule in place which staff

followed. A folder was in place to provider staff and resident with up to date information pertaining to infection control measures required in a centre to reduce the risk of transmission of any infection. However, this had not been updated and did not reflect the current guidance in place. The centre specific contingency plan relating to infections had also not been updated to reflect current best practice. For example, both folders directed staff to wear facemasks at all times.

The person in charge was supporting residents in the area of personal possessions. Measures were being implemented to ensure in accordance with the assessed needs of each individual that they had access to their monies. Each resident had sufficient storage for their personal possessions within their personal space and an area to lock possessions away if they so choose.

Some improvements were noted to be required to ensure residents rights were promoted at all times. While consent forms were present in residents personal plans these were not consistency signed. A morning routine in place for one resident did not evidence that a choice in their breakfast options was promoted. This was amended on the day of the inspection when highlighted to the person in charge. Also, while satisfaction surveys were completed, these were completed by a staff member with no evidence of consultation with the residents.

### Regulation 12: Personal possessions

Residents had access to their own personal property and where required supported to manage their own finances.

Judgment: Compliant

### Regulation 13: General welfare and development

All residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were consistently provided for residents to participate in a wide range of activities in the centre and the local community.

Resident choice of activities was respected.

Judgment: Compliant

## Regulation 17: Premises

The centre was clean, suitably decorated and accessible to the residents living there. The premises were laid out to meet the aims and objectives of the service and the needs of residents. Each resident had their own private space and access to communal spaces.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had not taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines. However, guidance provided to staff was not up to date. Contingency planning had not been amended to reflect the current guidance.

Judgment: Not compliant

## Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly incorporating day and night support requirements.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop and maintain an individualised personal plan. These plans incorporated an annual multi-disciplinary assessment of each individual's personal needs. Residents were supported to develop personal goals during an annual person-centred planning meeting with evidence of progression of these goals in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider had ensured residents were supported in the area of behaviours of concern.

Judgment: Compliant

### Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Improvements were required to ensure the psychological impact of resident behaviours on peers was recorded and reviewed as such.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The person in charge had ensured that the centre was operated in a manner which respected the rights of all individuals. Residents were consulted in the day-to-day operations of the centre through keyworker and house meetings.

Documentation required review to ensure the use of same ensured the residents' rights were promoted at all times.

Judgment: Substantially 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Leamlara Residential Service OSV-0008052

Inspection ID: MON-0039431

Date of inspection: 30/05/2023

## 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>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>The training matrix has been updated. Outstanding training has been identified and will be completed on or before the 26.10.2023.</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>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.</p> <p>The date of the current Annual Report has been added. The Annual review period was from December 2022 to December 2023.</p> <p>The report was completed in January 2023.</p> <p>In line with the updated Annual Review document from HIQA 23 April 23 this will be</p>	

identified on the form going forward.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.</p> <p>The Service will endeavour to ensure all incidents are reported timely in a manner which adheres to HIQA guidance and Company Policy.</p> <p>All reports are now up to date.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>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.</p> <p>The Service is committed to ensuring adequate measures are in place to protect residents and staff from infection.</p> <p>Contingency planning has been amended to reflect up to date guidance.</p> <p>All staff have been provided with the latest guidelines</p>	
Regulation 8: Protection	Substantially Compliant



Outline how you are going to come into compliance with Regulation 8: Protection:  
The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

The Service is committed to ensuring Residents are safeguarded from Abuse.

Incident reports were amended on the day of the inspection 30.05.2023 to ensure the psychological impact of any resident is recorded and reviewed.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Documentation as identified by the inspector has been reviewed.

All consent forms are signed within the files.

## 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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/10/2023
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	07/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Not Compliant	Orange	07/07/2023

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	07/07/2023
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	30/05/2023
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation,	Substantially Compliant	Yellow	07/07/2023

	disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
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