



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

Issued by the Chief Inspector

Name of designated centre:	Leacain
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	29 March 2023
Centre ID:	OSV-0008112
Fieldwork ID:	MON-0035468

About the designated centre

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

Leacain provides a full-time residential service. It is based in an accessible bungalow, in a rural location, close to a busy seaside village. The service is provided for up to four residents with intellectual disabilities who are over the age of 18 years. Support is provided by a team of nursing and healthcare assistant staff. Staff are on active night duty in order to meet with the needs of the residents at the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Wednesday 29 March 2023	10:30hrs to 15:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day and during this time, the inspector met with the residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre. From observations made during the inspection, it was clear that residents living at Leacain were enjoying a good quality of life where they were supported to be active participants in the running of their home and to be involved in their local communities.

This was the first inspection of this designated centre. The centre is registered to provide care and support to four residents. Two people moved into the property in December 2022. On the day of inspection the inspector met with a resident who was visiting. The purpose of this visit was to facilitate an opportunity for the resident to become familiar with the service and to assess compatibility arrangements.

Leacain is a spacious bungalow located in a rural location and surrounded by open countryside. Residents had access to dedicated transport and it was a short drive to the nearest town. The designated centre was a modern build home. The entrance was bright, spacious and welcoming. There was a well equipped kitchen and a dining room nearby. There were two sitting rooms provided. One at the front of the property which was cheerfully decorated with pictures and photographs. The second sitting area was part of the open plan kitchen and dining area. This meant that residents had a choice of where to spend their time. In addition, each resident had their own bedroom, one of which were en-suite. A spacious bathroom with a wet room space for showering was provided for the use of the other residents. In addition, there was an office for administrative tasks. This was located to the rear of the property and therefore did not impact on the homely and welcoming atmosphere in the centre.

On arrival, one resident was rising from sleep and preparing for breakfast. Another resident was in the sitting room. They left shortly afterwards, as they were going horse riding. Later, the resident that remained at home enjoyed listening and singing to music while having a hand massage. The use of massage was noted as recommendation on the resident's mobility support plan as a method of promoting hand mobility and prevention of falls. This meant that the recommendations of allied health professionals were adhered to. Lunch was being prepared at this time, and there was a pleasant smell of home cooked food. As outlined previously, another resident visited the service on the day of inspection and joined the residents living at Leacain for lunch.

Due to residents' assessed needs, they did not converse with the inspector. From observations made, it was evident that the staff on duty knew the residents and their communication needs very well. The person in charge told the inspector that

all staff were provided with human rights training. They said that a human rights approach was used in the centre on a daily basis and that this was part of the culture of the service. This was evident as interactions between residents and staff were observed to be kind, caring and respectful.

In general, the inspector found that this service provided a good quality and person-centred service to residents. However, an urgent action was required in relation to the arrangements in place to ensure that fire management systems were effective. This will be expanded on later in this report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. However improvements with governance and management arrangements and the fire safety systems used would further add to the quality and safety of the service provided.

The management structure consisted of a person in charge who reported to the acting director of nursing. The person in charge had responsibility for the governance and oversight of two designated centres in total. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The provider had a statement of purpose which was available for review. It was revised in January 2023 and updated to reflect the residents' recent move to their new home.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available. The inspector found that they were well maintained and provided an accurate account of the staff present at the time of inspection. The number and skill mix of staff was found to meet with the assessed needs of the residents. Night-time staffing arrangements included two waking night staff. Where additional staff were required they were provided. The person in charge said that these staff members were familiar with the residents and the service and therefore consistency of care was provided. When the person in charge was not available, an on-call system was in place. This was reported to work well.

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training. A sample of

training records reviewed demonstrated that staff members had completed the mandatory and refresher training as required. Modules included safeguarding and protection, positive behaviour support and fire training. A formal schedule of staff supervision and performance management was in place and meetings were up to date for the staff team.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was used to assist with planning. Audits included monthly checks on medication management, bi-monthly care plan checks and quarterly audits on complaints and restrictive practice. The person in charge had a quality improvement plan (QIP) in place which provided a list of actions required to improve and enhance the service provided. The unannounced six monthly audit was not completed as it was not yet due. Likewise, an annual review was not required at the time of inspection. However, an urgent action was required in relation to the fire precautions in the designated centre. This was due to the fact that the fire extinguishers provided were not reviewed in line with the schedule provided and therefore could not be relied upon as effective. In addition, a monthly fire audit was taking place which included a review of fire extinguishers. This required review as it did not identify the concerns found on inspection.

Overall, the inspector found good management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. As outlined, improvement were required with fire safety to ensure full compliance with the regulations and to further enhance the service provided.

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated. The roster was reviewed and the inspector found that it was well maintained and provided an accurate account of the staff present at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. However, the following areas required improvement;

- To ensure that the fire extinguishers used are subject to regular review in order to make sure that they are effective
- To ensure that fire audits used are effective in identifying areas of concern

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Leacain was safe and person-centred, where residents' wishes and rights were respected. Improvements required related to fire safety and overall governance and management which will be expanded on below.

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Each resident had a personal-centred plan which was up to date. Residents were actively involved in their local communities through a range of activities. They enjoyed going for walks and visiting restaurants in the area and longer trips were planned for the summer months. The staff on duty told the inspector that all residents had contact with their family members. This was promoted through telephone calls and visits to the residents' home.

Residents that required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example, a resident's falls risk profile was reviewed. It was found to be comprehensive and included a recommendations from both an occupational therapist and physiotherapist. In addition, access was provided to both speech and language therapy and chiropody.

Residents that required support with behaviours of concern had a positive behaviour support plan in place. A sample plan reviewed showed that it was recently reviewed by the positive behaviour support specialist. The inspector found that recommendations made were in place as advised, were followed by staff and were reported to be supportive and working well. Restrictive practices were used in this centre. A restrictive practice protocol was in place and those used were found to be the least restrictive for the shortest duration necessary. All staff had up-to-date training in positive behaviour support.

The provider had effective management in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. As outlined, there was a falls risk in this designated centre. The inspector reviewed a residents falls profile and found that it included a risk assessment along with a falls risk screening and falls multi-factorial falls risk assessment tool. Staff on duty were aware of the control measures in place and these were under regular review.

The provider had some arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. In addition, residents had personal emergency evacuation plans and all staff had fire training. However, the fire extinguishers provided had not been reviewed in accordance with the planned review date and therefore an urgent action was issued to the provider at the end of the inspection. In addition, the monthly audit on extinguishers required review as this matter was not identified.

In summary, residents at this designated centre were provided with a good quality and safe service, where their preferences and rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, some improvements were required to ensure full compliance with the regulations in relation to auditing and fire precautions which would further enhance the service

provided.

Regulation 17: Premises

The premises provided was accessible in design and suitable to meet the assessed needs of the residents. It was in very good state of repair, it was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had some fire safety management systems in place including arrangements to detect and contain fires and to evacuate the premises. However, the following areas required urgent action;

- To ensure that the fire extinguishers provided are subject to regular review in line with the schedule provided

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had a positive behaviour support plan in place and the support of a positive behaviour support specialist was provided. Restrictive practices were used in this centre. A restrictive practice log was in place and those used were found to be the least restrictive for the shortest duration necessary.

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 (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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Leacain OSV-0008112

Inspection ID: MON-0035468

Date of inspection: 29/03/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23 the following actions have been undertaken</p> <p>The firefighting equipment is maintained and checked annually in the center by the company Master fire.</p> <p>The CHO1 Quarterly Fire Safety Audit has been reviewed and it now monitors if the Firefighting equipment within the center has been maintained and records whether the maintenance is in date and identifies the follow up maintenance due date.</p> <p>The Person in Charge will be responsible for carrying out these quarterly audits as part of the agreed CHO1 audit schedule.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance with Regulation 28 the following has been undertaken;</p> <p>All fire fighting equipment within the centre has now been checked by the Company Masterfire and they have provided written confirmation of same. This record is now maintained within the fire safety register.</p> <p>The CHO1 Disability Services Quarterly Fire Safety Audit has been reviewed and now identifies the due date for maintenance of the firefighting equipment within the centre.</p> <p>All staff have been advised of their responsibility in terms of monitoring equipment that requires external maintenance.</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 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	05/04/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	05/04/2023