

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:	09 May 2022
Centre ID:	OSV-0001771
Fieldwork ID:	MON-0036722

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 located in a quiet residential area outside a large town in Co. Mayo. It is 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 an intellectual disability with varying levels of support needs. This also include people who have Autism, Downs Syndrome, and Acquired Brain Injuries. 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:	4
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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
Monday 9 May 2022	10:15hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

The inspector met two of the residents on the day of the inspection. The residents were non-verbal, but were observed to be comfortable with staff supporting them. One resident left to attend their day service whilst the remaining resident was currently receiving an individualised day service programme. The person in charge told the inspector this resident would return to day services on a planned basis. It was evident that residents had a good quality of life and had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed both in the centre and in their local community. Throughout the inspection it was clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

They had measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preference and support needs were gathered through the personal planning process, by observation and from information supplied by families. This information was used for personalised activity planning for each resident. There were sufficient staff in duty in the centre to ensure that residents' support needs were met. The provider had ensured that the day service staffing was maintained separate to the residential staffing allocation. Some residents enjoyed individualised support as a result and could take part in activities that they enjoyed without impacting on the plans and preferences of others. During the inspection, the some residents spent their day planning their activities, and staff were observed offering a range of choices of activities, whilst utilising the residents preferred communication methods.

During the inspection it was clear that staff communicated in calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate needs. Some of the communication techniques used included photos to identify staff in duty and clear pictorial information.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated and equipped to meet the needs of residents. Communal areas were also decorated and equipped to meet the needs of residents. There was internet access, television, and music choices available for residents. There was suitable colour schemes, comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms. The centre also had suitable outdoor space to the front and rear of the centre.

Residents had their own bedrooms which was comfortably decorated, furnished and person centred. Residents' bedrooms were individualised with a varied range of decor and themes in each room in accordance with residents' wishes. There was adequate furniture in which residents could store their clothing and belongings.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This risk inspection was carried out in response to a number of significant notifications and other information received by the Chief Inspector. The centre was last inspected in July 2021.

This inspection found that there was governance systems and structures in place for effective oversight and direction of care. Significant improvements had occurred to address gaps identified from the last inspection, and in response to assurances sought from notifications received to ensure the quality of life, safety and well-being of all of the residents. The inspector found that the provider had a clear and time-bound plan in place which, was reflected in the provider assurance report received in October 2021.

The provider had completed the centre's six monthly audits which was detailed in nature and linked relevant documents such as a provider assurance report actions and other audit actions. the audit outlined several areas for improvements and management of the centre had ensured that these were completed and time-bound plans in place. The management showed that this document and the actions were under review and monitored. The annual review of the centre had also occurred following consultation with residents and showed that overall, residents were happy with the service which was being provided. The inspector found these arrangements insured that residents opinions were taken into consideration and overall the provider was trying to improve the quality of the service.

The person in charge maintained an accurate rota and staff who met with the inspector had a good knowledge of residents' needs and they could clearly account for arrangements to keep residents safe. A range of training was also in place for staff which was specific to residents' needs which was demonstrated that the provider had ensured that staff could meet the residents needs.

The person in charge maintained responsibility for the day-to-day operation of the centre and he attended regular governance meetings with senior management as scheduled. Regular reviews of care practices were occurring and it was clear that through these practices they were trying to improve the quality of the service. The person in charge also had a good understanding of residents' care needs and ot was clear through interactions on the day of inspection, and from reviewing management arrangements, that the provider was committed to providing a good service for residents. In addition, the provider had also responded to significant safeguarding concerns and had implemented a plan which had reduced the number of safeguarding incidents in this centre, which had improved the quality of life for residents.

On review of incidents, the inspector found that the provider and person in charge had identified, responded and were managed appropriately. Furthermore, the person in charge demonstrated that there was a significant reduction in incidents due to the additional measures that were put in place to support residents. The provider and person in charge further demonstrated effective oversight and governance arrangements which were in place to oversee the quality and safety of care which was provided.

From a review of staff training records, mandatory training was completed however, the inspector noted that a new staff had yet to complete the formal fire training. They had received an induction and guidance on the fire procedures in the centre, but as stated had yet to receive the formal training as provided by the organisation.

The provider had ensured there was a complaints process in place in the centre. At the time of the inspection there was no complaints submitted and on review of the records maintained; the inspector found the person in charge monitored these records through monitoring reports. In addition, there was a policy and procedure in place, which supported staff and management implement a responsive complaints management process.

Regulation 15: Staffing

The centre was well resourced in terms of staffing, with up to three staff on duty during the day and one waking night staff, as well as a sleepover staff. The number and skill mix was suitable to meet the assessed needs of the current group of residents. The provider had ensured that a review of staffing was completed following the last inspection.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of staff training records, mandatory training was completed however, the inspector noted that a new staff had yet to complete the formal fire training. They had received an induction and guidance on the fire procedures in the centre, but as stated had yet to receive the formal training as provided by the organisation.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had clear governance structures and systems in place for the oversight and direction of care for all residents in the centre, to ensure that the quality and safety and well being of all of the residents was completed. The provider outlined to the inspector their plans to re-configure this service which would have positive outcomes for all residents in the centre. This was scheduled in a time bound manner and was due for completion by September 2022.

Judgment: Compliant

Regulation 31: Notification of incidents

Since the last inspection, the provider had reviewed their procedures and had ensured that all incidents were reported as required by the regulations and in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents appeared to enjoy living in this centre and that the management team were effective, knowledgeable and proactive in their response to residents' care and support needs.

The person in charge assisted with the inspection and it was clear that he had a good understanding of the service and of residents' individual care needs. Safeguarding procedures within the centre, were discussed at an initial opening meeting with the person in charge and it was apparent that they had an in-depth knowledge of the overall procedure and of how residents would be safeguarded should a safeguarding incident occur. Staff members also had a good understanding of how residents would be safeguarded should a safeguarding incident occur. Staff spoken with had a good understanding of how residents were protected from abuse and of individual issues between residents. Records showed there was a consistent and up-to-date safeguarding approach to guide all staff in providing effective care

and support.

The centre was supported by a behaviour support specialist and psychologist who supported the staff team by ensuring an effective behaviour support plan was in place and reviewed frequently. The plan aimed to provide guidance to staff when assisting a resident with behavioural needs. The inspector found that this plan was recently reviewed and ensure that staff had detailed information in regards to supporting the resident to maintain a baseline of behaviour which helped them to enjoy their surroundings and activities.

Good examples were found in risk management procedures within the centre. A sample of risk management plans for issues which impacted on the provision of care were reviewed by the inspector. Risk management plans for issues which impacted on the provision of care were reviewed by the inspector. Risk management plans robust in nature and there was a clear correlations between initial risk ratings and their subsequent reduced rating following the implementation of considered control measures. The person in charge had a good understanding of these plans which assisted in promoting the safety of residents.

While the residents were busy interacting with staff in their usual morning activities, the inspector completed a walk around of the centre. The centre appeared initially to be visibly clean, however, on closer inspection it was apparent that some areas required attention. There were various communal areas, including a large kitchen and sitting room and office area. All residents were present at the commencement, and some were engaged in personal activities and some were attending their day programmes. Not all residents communicated verbally with the inspector, but interactions observed between staff and resident indicated that staff were familiar with their ways of communicating. The inspector found that some areas in the centre required attention. During the walk around the inspector observed and noted that small amount of mould was evident on the bathroom ceiling, black marks were observed on the underside of the cistern, the toilet seat was discoloured, marked and noticeably dirty, the cabinet door was worn in appearance, marks were evident on the walls and architrave areas of the centre.

Residents in this service received individualised and person centred care and there was a high level of compliance with regulations relating to health and social care.

Regulation 13: General welfare and development

Residents received appropriate care and support in accordance with their assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the assessed needs and numbers of residents in the centre, plans were in place to re-configure this service to reduce the capacity and provide individualised care for some residents. The inspector found that the provider had a time-bound, robust plan in place.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had robust risk management systems in place and a review of risk assessments indicated that the provider was responsive to identified issues which impacted on residents' safety. The provider also had a system in place for identifying, and monitoring and responding to adverse events which also assisted in promoting residents' safety.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control procedures were in place and the provider had implemented a range of strategies to prevent and manage infectious diseases. On the day of the inspection the inspector noted; painting was required on some walls and architrave in the centre, mould was evident on the bathroom ceiling as well as dust and cobwebs, the cistern had marks evident, toilet seat was damaged and soiled in appearance. The blind had marks evident and the bathroom cupboard was worn on the doors.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place including detecting and containment systems which were found to be effective. Actions from the previous inspection were reviewed and the inspector found that the provider had completed the necessary work.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare was supported with good access to a range of allied health professionals. On review of the residents' personal plans there was clear records of appointments, health checks and guidelines set out by relevant clinicians. Staff spoken with showed a good knowledge of the residents conditions and support required during the inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good support from behaviour support specialists and psychiatric services with behaviour support plans in place.

Judgment: Compliant

Regulation 8: Protection

The systems in place for the protection of residents from abuse had been reviewed since the last inspection and the person in charge and provider had a plan in place for a long term solution to address the compatibility of residents in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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-0036722

Date of inspection: 09/05/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The staff identified in report who required training has now completed same both on-line and within class room setting. Their mandatory training is now at required levels. 2. All remaining staff have been nominated for refresher training as required.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. Painting of bathroom to be completed including ceilings, doors and door frames as well as other areas identified through out the house. 2. Bathroom unit and toilet seat to be replaced. 3. Cleaning checklist has been amended to include additional cleaning. 4. IPC audit will continue to be completed on a regular basis and any issues identified will be addressed as they arise.	

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	08/06/2022
Regulation 27	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.	Substantially Compliant	Yellow	30/06/2022

