



Office of the Chief Inspector

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

Name of designated centre:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	02 July 2019
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0026978

About the designated centre

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

The designated centre provides 24 hour nurse led residential care and currently accommodates five adults, four male and one female, with an intellectual disability. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The person in charge works full-time at this centre and is supported by nursing, social care and healthcare workers. The whole time equivalent of nursing staff is six, and of non-nursing staff, nine. Two vehicles are provided to assist residents attend social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 July 2019	10:00hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with four of the residents throughout the day. The residents living in the centre were non-verbal and are being supported to communicate through individual communication plans. The inspector sat with one resident that wanted to meet them. The resident appeared happy and used a communication book to interact with the inspector. The resident pointed out the pictures of the type of foods and drinks they like and also some of the activities they do including shopping. The resident appeared happy and comfortable interacting with staff and the person in charge.

The inspector observed that the residents in the centre have complex needs due to their diagnoses. Three of the residents said hello to the inspector but chose not to engage further with them.

During the inspection the inspector observed positive interactions between the residents and staff members. The inspectors saw the residents being supported with daily chores and appeared to be enjoying the tasks. Residents were out for walks with staff and one resident was attending the zoo with the support of staff.

The inspector reviewed the questionnaires for residents; staff members supported the residents to complete same. Residents spoke of how important their rooms were to them and that they were happy in their home.

Capacity and capability

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support to meet the complex needs of the residents residing in the centre.

There was a clear management structure in place in the centre and the provider had ensured that appropriate arrangements were in place for key management positions. The registered provider had appointed a person in charge on a full-time basis that had the required qualifications, skills and experience necessary to manage the designated centre. The person participating in management was active in the management of the centre and was supporting the person in charge. The person in charge was employed on a full-time basis and was only responsible for this centre. The inspector reviewed minutes from monthly management meetings that involved centre managers and senior management members and saw that these meetings promoted learning around areas such as quality and safety. The inspector observed that when the person in charge was not present that the staff nurse on shift that

day was responsible for the management of the centre.

Appropriate arrangements were in place for overseeing the centre. There were auditing systems in place that ensured that the service being provided was safe and appropriate to the needs of the residents. There was regular auditing of risk assessments, person-centered goals, and care plans. The provider had ensured that an annual review of the quality and safety of care and support in the centre had been completed. The inspector saw that the residents and their representatives had been consulted as part of the review.

The provider had carried out unannounced visits to the centre the last occurring in May 2019. A report had been generated in response to the visit and learning and actions had been identified. There was a plan in place to address the actions. This showed that the provider could self identify areas for improvement and put actions in place to drive ongoing improvement.

The inspector reviewed minutes of the monthly staff team meetings. These meetings were detailed and there was evidence that staff were able to raise concerns regarding the quality and safety of the care being provided to residents. The inspector also reviewed weekly team meetings that take place between the staff members. These meetings were led by the staff nurse on duty and looked to develop the knowledge of the staff team by focusing on different organisational policies each week.

The registered provider had ensured that the qualifications and skill mix of staff was appropriate to meet the number and assessed needs of the residents living in the centre. The provider had ensured that nursing care was provided on a daily basis with nursing staff leading the shift each day. There was a full complement of staff assigned to the centre but there were staff on long term leave. This leave was being covered by agency staff nurses. The inspector reviewed the centres roster for recent months and observed that the same agency staff were being used to cover the vacancies. The provider was ensuring that the residents are receiving continuity of care despite the vacancies. The inspector reviewed a sample of the staff team's files. Those reviewed met the requirements set out in schedule 2 of the regulations.

The person in charge had ensured that the staff team had access to appropriate training, including refresher training and other training outside of the mandatory training, which was focused on the particular needs of residents in this centre. A large number of the staff team had received training in "picture exchange communication system" (PECS) for example. This had been carried out to further enhance the communication skills of the residents. The inspector also noted that one staff member had requested to complete training in dementia and that this had been facilitated by the provider. The inspector observed a sample of the staff teams supervision records. Supervision was occurring within the timeframe outlined in the provider's policy. There was however limited information documented in the supervision notes. This was highlighted to the person in charge during the course of the inspection.

The person in charge was submitting notifications regarding adverse incidents within

the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

The person in charge and staff team were responding to adverse incidents in an appropriate manner. The staff team were supporting complex individuals that require a structured and consistent approach. Incident reports for recent months showed that incidents were being documented clearly and that the person in charge and staff team were seeking to learn from the incidents.

The registered provider had established and maintained a directory of residents in the designated centre. The directory had elements of the information specified in paragraph three of schedule three of the regulations. The provider had an index in place on where to access the other pieces of information if required.

The registered provider had a complaints procedure in place that was easily accessible to residents. The inspector noted that the complaints procedure was reviewed weekly as part of the residents' weekly meeting. There was an easy read document on how to make a complaint and a diagram on how they are managed on the centres notice board. There was also information regarding the national advocacy service available to the residents as well.

The inspector reviewed the complaints log and found that there had been no recent complaints in the centre. Previous complaints were logged by residents with the support of the staff team. There was evidence of these issues being reviewed and being dealt with in a prompt manner.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge on a full-time basis that had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the qualifications and skill mix of staff was appropriate to meet the number and assessed needs of the residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that the staff team had access to appropriate training, including refresher training. The inspector observed that the staff team also had access to training outside of the mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory had established elements of the information specified in paragraph three of schedule three of the regulations. The provider had an index in place on where to access the other pieces of information if required.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that an insurance contract was in place that met the requirements set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider has ensured that the designated centre was resourced to ensure the effective delivery of care and support to meet the complex needs of the residents residing in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider gave notice in writing to the chief inspector of procedures and arrangements that were in place to manage the unexpected absence of the person in charge of the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place that was easily accessible to residents. The inspector reviewed the complaints log and found that there had been no recent complaints in the centre. Previous complaints were logged by residents with the support of the staff team. There was evidence of these issues being reviewed and being dealt with in a prompt manner.

Judgment: Compliant

Quality and safety

Prior to this inspection the Health Information and Quality Authority (HIQA) received unsolicited information regarding the use of restrictive practices in the centre. This information informed some lines of enquiry during the inspection, however, the matters raised in the unsolicited information were not found to be substantiated at the time of this inspection. Overall the inspector found that residents were being well supported to live a meaningful life which was reflected in good levels of compliance with the regulations.

Residents had personal care plans in place which were aimed at providing good and consistent support to residents based on their identified needs and preferences. The inspector reviewed a sample of the residents' personal care plans and saw that residents' personal goals were identified and were being achieved. There was evidence that the residents had access to appropriate healthcare professionals when required and that residents were also being informed of health needs and national screening programs through the weekly resident meetings. Regular reviews were carried out for the residents and the person in charge, staff members and members of the multidisciplinary team were present during same.

Residents had access to individualised day services and the centre's staff were supporting them to attend and partake in same. The inspector observed from residents activity plans that residents were also attending activities such as pottery classes, horse riding, shopping and dining out.

The staff team had received training in the management of behaviour that challenges. The residents living in the centre presented with complex needs and required a structured approach to their routines. The inspector reviewed a sample of the residents' behaviour support plans and found them to be individualised and detailed. The plans guided staff on the potential reasons for the challenging behaviours and how to respond in order to provide consistent care to the residents.

The inspector observed that restrictive practices were being utilised in the centre in order to promote the residents safety and well being. The person in charge had completed risk assessments around the implementation and use of these practices and was reviewing them regularly as part of their auditing system. A review of the residents' medical files showed that they had access to necessary allied healthcare professionals including psychiatry, psychology. There was evidence of one resident recently being referred to the necessary health team and a plan being put in place to support the resident and the staff team working with them.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks.

The inspector observed individualised risk assessments for residents, these assessments included risks around residents challenging behaviours towards themselves and others and also identifying the risks of potential side effects of

medications. There was evidence of these risk assessments being reviewed regularly.

The centre prioritised fire safety and regular audits and servicing of the fire safety equipment were observed during the inspection. The person in charge had ensured that fire drills were taking place on a regular basis and that all residents were taking part. All residents were partaking in the drills but some residents ritualistic behaviours led to them delaying leaving the centre during fire drills.

Fire doors had been damaged as a result and were not closing properly or other damage had occurred. The provider had been approved to source new doors but there had been a delay in the work being carried out. There was a need to address this in order to ensure that appropriate fire containment arrangements were in place.

The inspector observed that the centre was promoting the rights of the residents. This was again being highlighted in the weekly resident meetings. Residents were being supported to understand their right to make a complaint on a regular basis. There was evidence of residents being supported to choose activities through the use of visual aid choice boards. The inspector observed that the residents were being supported to set personal goals with their keyworkers, the inspector also noted that residents had been given information regarding health screenings available to them. There was also information on how to access an independent advocate available to residents on the centres notice board.

The residents in the centre had varying communication needs that were being supported. There was evidence that the provider and person in charge were seeking to assist each resident to enhance their communication skills. A large number of the staff team have received relevant training in communication techniques used by the residents. There were easy read documents available and some residents were also being supported with sign language.

Communication passports had been developed for the residents as well as communication support plans. Residents also had access to a speech and language therapist. The inspector also noted that the use of assistive technology had been trialled with some of the residents.

Residents were encouraged to make their own choices. Residents were being given the option to buy, prepare and cook their meals if they wished to do so. Residents were choosing meals and that there was a variety of food options in the centre. The inspector reviewed the residents' food and fluid logs and observed that the person in charge had ensured that the residents had access to meals, refreshments, and snacks at all reasonable times as required.

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Regulation 10: Communication

The residents in the centre had varying communication needs. There was evidence that the provider and person in charge were seeking to assist each resident to enhance their communication skills

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider was providing the residents with access to an individualised day services and the centre's staff were supporting them to attend and partake in same. The inspector observed from residents activity plans that residents were attending activities such as pottery classes, horse riding, shopping and dining out.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were being given the option to buy, prepare and cook their meals if they wished to do so. The inspector observed that residents were choosing meals and that there was a variety of food options in the centre. Residents' food and fluid logs showed that residents had access to meals, refreshments, and snacks at all reasonable times as required.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was available to residents. The guide included the required information set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks.

Judgment: Compliant

Regulation 28: Fire precautions

The centre prioritised fire safety and regular audits and servicing of the fire safety equipment were observed during the inspection. The person in charge had ensured that fire drills were taking place on a regular basis and that all residents were taking part. All residents were partaking in the drills but some residents' behaviours led to them delaying leaving the centre during fire drills. The fire safety arrangements needed review by appropriately qualified persons to take account of this.

Some fire doors had been damaged and were not closing properly. As a result it was not demonstrated that appropriate fire containment arrangements were in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the centre had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the residents' healthcare, personal and social care needs had taken place. Appropriate arrangements were in place to meet identified needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate arrangements were in place to provide positive behavioural support. The inspector reviewed a sample of the residents' behavior support plans and found them to be individualised and detailed.

The inspector observed that restrictive practices were being utilised in the centre. The person in charge had completed risk assessments around the implementation and use of these practices and was reviewing them regularly as part of their auditing system.

Judgment: Compliant

Regulation 8: Protection

There was evidence that the centre was seeking to promote the residents knowledge around self-awareness, understanding, and skills needed for self-care and protection. The inspector observed that safeguarding and the residents understanding of being safe was reviewed frequently at residents meetings. The centre's staff team had received the necessary training in relation to safeguarding residents.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that the centre was promoting the rights of the residents. There was evidence of residents being supported to choose activities through the use of visual aid choice boards. The inspector observed that the residents were being supported to set personal goals with their key workers, the inspector also noted that residents had been given information regarding health screenings available to them. There was also information on how to access an independent advocate available to residents on the centres notice board.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0026978

Date of inspection: 02/07/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All individual Personal Emergency Evacuation Plans have been reviewed and are on file dated 30th July 2019. Future fire evacuations, planned or unplanned, will record any challenges experienced and Personal Emergency Evacuation Plans will be reviewed regarding any challenges noted.</p> <p>The centre has scheduled fire safety training on the 17th September with a HSE fire safety officer. Challenges arising during evacuations, planned or unplanned, will be reviewed at fire training.</p> <p>Fire doors are being upgraded with new hinges to ensure they close properly. These works will be completed by 31st August 2019.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2019