



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

Name of designated centre:	Lannagh View Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	11 July 2018
Centre ID:	OSV-0001771
Fieldwork ID:	MON-0021609

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 in a quiet residential area close 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 varying levels of support needs. These include people with autism, down syndrome, acquired brain injuries, and dementia. 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.

Current registration end date:	02/12/2018
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or 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
11 July 2018	10:00hrs to 17:00hrs	Thelma O'Neill	Lead

Views of people who use the service

This centre is located in a large town in Co. Mayo and residents had good access to the local community and enjoy living in the centre. The inspector met with the four residents who lived in this service. The inspector saw that they were very happy living in this centre and that staff were very kind to them and were able to communicate effectively with the residents. The inspector received two completed quality assurance questionnaires from the residents family members, which stated that they were very complementary of the service, and the care and support provided to their family members by the Western Care Association.

Capacity and capability

The inspector found that in general there were effective governance and management arrangements in place in the centre, however, improvements were required in the implementation of organisational policies and procedures in relation to risk management. The inspector found that the provider had addressed all of the actions from the previous inspection.

The person in charge worked closely with staff and was known to all residents in the centre and was very familiar with their up-to-date care and support needs. There was suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition, to mandatory training in fire safety, safe moving and handling, protection and positive behaviour support. There was also a range of policies, including all required Schedule five policies, to guide staff in the delivery of a safe and suitable service to residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

The provider has systems in place to ensure that this service was subject to ongoing monitoring, review and development. This had resulted in an good standard of care, for most residents. However, a review of adverse events for one resident indicated that organisational risk management policies and procedures had not been fully

implemented to ensure the residents' safety while in the community.

Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, personal plans and residents' finances. Records showed that audit findings had been addressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time post and shared his management responsibilities between two designated centres. He has the qualifications and experience required for the post.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received the required training to meet the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to residents who lived, or received services in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider has ensured that records kept in accordance with schedule three and four of the regulations were maintained in the centre and available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that there was a contract of insurance against injury to residents and against other risks in the centre, including loss or damage to property. This document was made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There was an defined management structure that identified the lines of authority and accountability in the centre. The provider had ensured that an annual review of the quality and safety of the service in the designated centre was completed and the six monthly audits of the service were complete.

While the centre in general was well managed, the inspector found there was not effective oversight and implementation of the organisational risk management policy and procedures to ensure risks in the centre were effectively managed.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The directory of residents included all of the required information relating to residents who lived, or received services in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure for residents, which was in an accessible and age-appropriate format and included an appeals procedure. The person in charge told the inspector, they had not received any complaints in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written policies and procedures in place as required by Schedule 5 of the regulations. The policies were available to all staff and had been reviewed by the provider within the last three years.

Judgment: Compliant

Quality and safety

The inspector found in general the provider had implemented robust quality and safety procedures in this centre. However, improvements were required around the

identification and management of risks in the centre. The inspector reviewed all of the actions from the previous inspection and found they were complete.

The inspector found the policies and procedures in place in this centre had ensured that residents' health and social well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the in the centre.

The management team had taken measures to safeguard residents from being harmed or from suffering abuse. All staff had received specific safeguarding training and were aware of the national safeguarding policy. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Monthly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multi-disciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. However, the inspector found that although there were procedures in place to manage risks in the centre, they were ineffective, as they failed to effectively identify and manage adverse events that occurred in the community for one resident.

The provider had ensured that residents had access to medical services and that they received a good level of healthcare. All residents had access to allied health professionals as required. Plans of care for good health were developed for residents' which identified their specific care needs.

Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions. Records were maintained of all residents personal possessions, including their finances.

Judgment: Compliant

Regulation 13: General welfare and development

The provider had ensured all residents had access to facilities to meet the residents occupational and recreational needs. Residents were supported to participate in activities in accordance with their interests, capacities and developmental needs and were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to prepare and cook their own meals. There were adequate provisions for residents to store food in hygienic conditions, and residents were offered choices at mealtimes and staff were familiar with with each residents individual dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which outlined a summary of the services provided, the terms and conditions of their residency, and the arrangements for residents involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found several incidents had occurred in the community which placed one resident at increased risk of harm. The organisational risk management policy and procedures were not implemented fully to ensure the residents was fully supported and protected from such risks in the future.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had put measures in place to protect residents and staff at risk of healthcare associated infections, by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of all fire equipment, internal and external fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff. All residents had individualised emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from abuse and their safety and welfare was promoted. There were no reported safeguarding concerns in this centre at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were well supported to make choices in this centre. Residents participated in and consented to supports where necessary and to making decisions about their lives. Although there were some restrictive practices in use in the centre, they were generally in place for the residents' safety and had minimal impact on the other residents' rights to free access in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lannagh View Residential Service OSV-0001771

Inspection ID: MON-0021609

Date of inspection: 11/07/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following a thorough review of risk management practices within the designated centre, a new system for identifying, classifying and tracking risk has been introduced. The Person in Charge has received training in this new system (20/7/18). The new system will allow for the status of all risks to be closely monitored and reviewed in support and supervision with the area manager as required.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Personal Risk Management Plan for the service user referred to in the report has been reviewed and appropriate controls are in place to manage personal risk to this person (20/7/18). These improvements have specifically addressed all risks including those that may occur in community settings. This plan is reviewed regularly by the person in charge to ensure that suitable controls are in place to reduce the risk of harm to the person.</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.	Not Compliant	Yellow	20.07.18
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	20.07.18