



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

## Issued by the Chief Inspector

Name of designated centre:	Loughtown House
Name of provider:	Health Service Executive
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	23 February 2022
Centre ID:	OSV-0003363
Fieldwork ID:	MON-0031722

## About the designated centre

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

Loughtown house is a seven day residential home to three ladies who have a mild to severe range of intellectual disability. The centre aims to meet the care needs of adults with an intellectual disability who may also present with a physical or sensory disability and people with a dual diagnosis including mental health issues. This service also provides support to residents with a range of medical issues. The centre comprises of a one storey bungalow located approximately one mile from the local town centre. Transport is facilitated by the centre's vehicle and a range of activities are offered to residents. Individuals are consulted with both formally and informally about the running of their home on a day to day basis. The centre is staffed by a person in charge, a staff nurse and a team of care assistants.

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

Number of residents on the date of inspection:	3
--	---

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 23 February 2022	09:15hrs to 15:15hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents in Loughtown House were enjoying a good quality life and were supported to be active participants in the running of the centre and be involved in their communities.

On the morning of inspection, the inspector met with residents while adhering to the public health guidance for healthcare settings. The inspector observed residents having breakfast and completing household chores. They were at ease in their home, were making choices about what to do and appeared relaxed with the staff support provided. One resident told the inspector that they felt "very happy" and "safe" in their home. They spoke about the residents' meetings which took place each week and they told the inspector that meals were planned and trips were organised at these meetings. Furthermore, residents were aware of the risks in relation to COVID-19 and told the inspector about their dislike of the virus and the importance of hand hygiene. Later in the day, two residents were observed completing chores in the kitchen together. There was a companionable and supportive atmosphere between them and they were observed to be kind to each other.

This designated centre was a bungalow which was located in a residential area close to a busy town. The entrance hall was bright and welcoming. The sitting room was warm and comfortable with personal items such as flowers, photographs and greeting cards displayed. There was an open plan kitchen and dining room which was well presented. There was a utility room to the rear of the kitchen which was observed to contain general household items, cleaning equipment and clinical care items. Two residents invited the inspector to view their bedrooms. These were personally decorated, clean, cosy and comfortable. The residents showed the inspector new wardrobes which were recently installed. One bedroom had an en-suite and this was clean and organised. Outside, there was a small garden at the front of the house and a larger garden to the rear. Here, the inspector saw a paved area with seating provided. There were raised beds for use in the summer time. The bins were neatly stored and the lids were closed.

The residents in Loughtown House had good contact with their families. They told the inspector about phone calls, family events in the past and family events planned. One resident was meeting with their family members on the day of inspection. Furthermore, residents were involved with their local community. They told the inspector that they were going out for lunch that day and that they were going to purchase tickets for a concert at a later date.

From conversations with the residents and observations in the centre, it was evident that residents had a good quality of life, where their rights and choices were respected. Furthermore, it was clear that the person in charge and the staff present

prioritised the wellbeing, safety, independence and quality of life of residents.

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

The inspector found that residents received care and support that was person centred in nature and facilitated them to enjoy activities of their choice. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, improvements expanded upon in the next section would improve the quality and safety of the service provided.

On the day of inspection, the inspector reviewed the written policies and procedures provided. These were up-to-date and there was evidence that they were regularly reviewed by the person in charge and by the provider.

The person in charge was appointed since the last inspection. They were employed full-time and had the required qualifications, skills and experience to meet the needs of the residents and the requirements of the statement of purpose. A staff roster was available and the inspector found that this provided a clear and accurate description of the staff on duty on that day. Residents at this centre required nursing care and this was provided during both daytime and the night-time hours. On call arrangements were in place and the relief staff provided were familiar with the residents which ensured that consistency of care was provided.

Staff had access to training as part of a continuous professional development programme. The inspector reviewed the training schedule and found that most of the training programmes were up to date. Where gaps were identified, there was a plan in place to address these. For example; staff had completed training the previous week and a further training event was planned for the day after the inspection. The person in charge ensured that regular staff supervision was taking place and minutes of these meetings were available.

The inspector reviewed the incident management system used in the centre and found that it was used appropriately to report concerns. Furthermore, monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

The provider had ensured that this designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a defined management structure in place with clear lines of authority identified. A 'named nurse' system was used which showed that staff were aware of their individual support roles. The inspector found that there was an annual review of the quality of care and support

provided and this was up to date. The provider had carried out an unannounced visit of the designated centre during the previous six months and a report was available. A system of quality improvement was in place and this was updated on a monthly basis.

The inspector met with staff members on the day of inspection. They said that they enjoyed working in Loughtown House. They described it as "very homely" and they spoke about the positive impacts for residents that had previously lived in congregated settings. One staff member told the inspector about staff meetings that took place regularly and about the supervision supports provided. They said that the person in charge was very supportive, regularly available and that there was good communication systems in place which they found to be very helpful. Staff spoken with were knowledgeable about the care and support needs of the residents and about the importance of safeguarding, promoting choice and encouraging independence.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge who was employed full-time and had the required qualifications, skills and experience to meet the needs of the residents and the requirements of the statement of purpose.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents. The roster was properly maintained and provided an accurate reflection of the staff on duty on the day of inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to training as part of a continuous professional development programme. The person in charge ensured that regular staff supervision was taking place and minutes of these meetings were provided.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that this designated centre was appropriately resourced to ensure the effectively delivery of care and support. There was a defined management structure in place which clear lines of authority identified. The twice per year provider-led audit and the annual review were up to date.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that monitoring notifications were reported to the Chief Inspector in a timely manner and in accordance with the requirements of the regulation.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had ensured that the policies and procedures required under Schedule 5 of the regulations were available and up to date.

Judgment: Compliant

## Quality and safety

The inspector found that the wellbeing and welfare of the residents was promoted by the good standard of care and support provided. However, improvements in positive behaviour support, risk management procedures and infection prevention and control measures used would further enhance the safety of the service provided.

The residents at this designated centre had a range of healthcare needs. Discussions with the person in charge along with a documentation review showed that these needs were provided for appropriately and consistently. Care plans and nursing

intervention plans were in place and these were up-to-date and regularly reviewed. Access to the multidisciplinary team was facilitated. For example, the speech and language therapist visited a resident at the designated centre on the day of inspection. There was also evidence of advice and support from an optician, occupational therapist, physiotherapist and a dietitian.

The person in charge had ensured that residents had an annual person-centred assessment of their social care needs. This outlined the supports required to maximise residents' personal development and was available in an easy-to-read format. There was evidence that the residents were involved in setting goals which were in accordance with their wishes for example; going on a trip to Knock, going to an art class and purchasing a new wardrobe. When goals were achieved, this was documented and new goals were put in place for example; a trip to Lourdes was planned for when safe to do so.

Residents who required support with behaviours of concern had access to a behaviour support specialist and had an up-to-date support plan in place. Staff were provided with training in positive behaviour support and had a good understanding of how to support residents. The inspector spoke with one resident who told the inspector about an item they liked to hold and how this helped them. This showed that residents were aware of their support plans. However, the inspector found that a white board planner recommended by the positive behaviour support specialist was not used as advised. This required review.

The inspector found that safeguarding of residents was supported. Staff training was up-to-date and there was evidence of discussions regarding safeguarding at staff meetings. Residents' spoken with had an understanding of importance of care of self and were aware of what to do if they had a concern. Furthermore, safeguarding information was available in easy-to-read information for example; how to make a complaint, the role of the designated officer and the role of the advocacy service.

The rights of the residents were found to be respected and their independence and autonomy was promoted. There was evidence of residents' involvement in decision making. For example, with regard to daily household plans, plans for activities and plans for decorating their bedrooms. Furthermore, there was evidence of referral to external advocacy services to assist residents with making decisions if required.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and emergency plans in the event of adverse events. The inspector found that there was a risk associated with slips, trips and falls in this service. The provider had ensured that there was an up to date falls policy in place, a risk assessment was available and a care plan was in place. However, risks in relation to tripping hazards in a resident's bedroom were not addressed and this required review.

A review of the fire safety procedures was carried out and the inspector found that fire safety precautions were in place, including, fire containment, regular fire safety checks and emergency lighting arrangements. Fire exits were clear throughout the

centre. Fire drills were completed regularly and there was evidence that the residents were involved and aware of the fire safety procedures used. Personal emergency evacuation plans (PEEPS) were reviewed and these required updating. This was addressed prior to the departure of the inspector.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. However, the inspector observed a staff member wearing gloves at a time when they were not engaged in patient care. Also, on examination, the sharps bin was open, had not been emptied and contained both sharps and general waste items. With regard to the cleaning arrangements in place, the inspector observed colour coded posters on display which showed the colour of cleaning cloths, mops and buckets to be used for each area e.g. for the kitchen and the bathroom. However, the inspector found that these colour coded cleaning items were not provided in line with the protocol and therefore the protocol was not effective. For example, there was no green mop bucket for use in the kitchen and although cleaning cloths were provided the colours did not correspond with the posters provided.

Overall, the inspector found that residents at Loughtown House were supported with their individual needs and a good standard of care was provided. Improvements in the use of positive behaviour support plans, the assessment of risk and infection prevention and control measures used in the designated centre would improve the quality and safety of the service provided.

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment and management of risk, including a site-specific safety statement and emergency plans in the event of adverse events. However, risks in relation to tripping hazards in a resident's bedroom were not addressed and this required review.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider ensured that there were procedures in place for the prevention and

control of infection. However, improvements were required with regard to the correct use of gloves, the provision of colour-coded cleaning equipment such as mops, buckets and cleaning cloths and the correct use of the sharps bin. This would ensure that the processes in place were in line with safe practice and with the provider guidance.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured that fire safety precautions were in place, including, fire containment, regular fire safety checks and emergency lighting arrangements. Fire exits were clear throughout the centre. Fire drills were completed regularly. Actions in relation to PEEPS were completed on the day of inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents had an annual person-centred assessment of their personal and social care needs. This outlined the supports required to maximise residents' personal development and was available in an easy-to-read version.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had ensured that appropriate healthcare for each resident was provided and access to the services of a general practitioner (GP) or allied health professionals was in place if required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had access to a behaviour support specialist and had an up-to-date support plan in place. Staff were

provided with training in positive behaviour support. However, the inspector found that a white-board planner recommended by the positive behaviour support specialist was not used as advised. This required review.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had ensured that residents were supported to understand the importance of care of self and of what to do if they had a concern. All staff had up-to-date training in safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of the residents were found to be respected and their independence and autonomy was promoted. There was evidence of residents' involvement in decision-making.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Loughtown House OSV-0003363

Inspection ID: MON-0031722

Date of inspection: 23/02/2022

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To ensure compliance with Regulation 26 the following actions have been undertaken:</p> <p>One individual's Slip/trip/falls risk assessment has been reviewed and updated to reflect identified trip hazard where floor covering is damaged in one bedroom. Completed 24/02/22</p> <p>A new Floor covering will be laid in this bedroom .This will be completed by 6/4/22</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken:</p> <p>All staff will complete a refresher training in the AMRIC recommended Training in donning and doffing of PPE in the healthcare setting. To be completed by 08/04/2022.</p> <p>Colour coded mopping system is in place and reflects the colour coding on poster displayed. Completed 24/03/2022</p> <p>Colour coded cloth system has been put in place and reflects the colour coding on the</p>	

poster displayed. Completed 24/03/2022

The Sharps box has been returned and a new box has been received. Completed 01/03/2022.

A Risk assessment on Exposure to Sharps has been reviewed and updated to include correct use of sharps bin. Completed on 30/02/2022.

The Meg audit has commenced within the centre and this will assess Sharps Management

These audits will be completed monthly initially and then proceed to quarterly. All actions will be transferred to the centres QIP and will be completed in a timely manner.

Completed

Regulation 7: Positive behavioural support	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To ensure compliance with Regulation 7 the following actions have been undertaken:

White board that is used as a part of positive behavior support for one resident individual has been mounted on the wall in her bedroom. Completed 24/2/2022.

PIC has reviewed and updated an individual risk assessments to reflect the most up to date information, Completed on 17/03/2022

All staff have been informed of the updated information. Completed 22/03/2022

## 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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	06/04/2022
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	Substantially Compliant	Yellow	08/04/2022

	published by the Authority.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	22/03/2022