



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

## Issued by the Chief Inspector

Name of designated centre:	Loughnagin
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	04 December 2024
Centre ID:	OSV-0005309
Fieldwork ID:	MON-0037184

## About the designated centre

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

Loughnagin centre provides full- time residential care and support for up to five adults with a disability and additional health conditions. Support is provided with the aim to meet residents' assessed needs while ensuring that they are supported in their social roles. Loughnagin is located in a residential area close to a town. Transport is provided to enable residents to access local amenities such as shops and cafes. Loughnagin is a large modern single storey detached dwelling in its own grounds. The centre comprises five accessible bedrooms, which are provided with en-suite facilities. There is also another bedroom to facilitate staff. Communal facilities include a kitchen/dining room, sitting room and a visitors room. Residents have access to large outdoor gardens to the front and rear of the building. Residents are supported by a team of staff, who are available to meet residents' assessed needs during the day and at evening times. At night time, residents' care needs are supported by staff on sleepover.

**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
Wednesday 4 December 2024	10:40hrs to 16:30hrs	Alanna Ní Mhíocháin	Lead

## What residents told us and what inspectors observed

This was an announced inspection of this centre. The inspection formed part of the routine monitoring activities completed by the Chief Inspector of Social Services during the registration cycle of a designated centre. Overall, the inspector found that residents in this centre received a good quality service. Residents were supported to engage in activities that were in line with their interests. Governance and oversight arrangements ensured that the service was well monitored and any issues were addressed in a timely manner.

The centre consisted of a large, single-storey building. It was located on the edge of a large town within a short drive of shops, restaurants, cafes, a cinema and other amenities. The centre was registered for five residents but, on the day of inspection, only four residents were living in the centre. Each resident had their own bedroom. Three bedrooms had their own en-suite bathroom. The remaining bedrooms had direct access to a shared bathroom. There was also another shared bathroom available for residents. The centre also had a living room, kitchen-dining room, utility room, relaxation room, two staff offices, and a number of store rooms. On the day of inspection, the unused bedroom was used for storage and extra office space. Outside, the large grounds were well maintained. There were sheds and a polytunnel.

The centre was warm, bright and comfortable. The shared rooms were nicely decorated and had modern furniture. Homely touches were added to rooms with cushions and throws. There were Christmas decorations throughout the house. The sitting room and relaxation room had televisions. Smart speakers were available for residents to play their choice of music. The centre was clean, tidy and in a very good state of repair. The centre was fully accessible with level access at all doorways. Equipment needed by residents for their activities of daily living were available. For example, two bedrooms and a bathroom had a tracking hoist in the ceiling. There was a pleasant atmosphere in the centre. Staff greeted residents when they returned to the centre from an outing. Staff were familiar with residents' communication style and were heard chatting and laughing with residents.

The inspector had the opportunity to meet with all four residents at different points throughout the day. Some residents chose not to speak with the inspector. Residents spoke about their experiences of living in the centre. They said that they were happy in the centre and that staff were nice and were helpful. They said that the food was nice in the centre. They talked about the activities that they enjoyed. Residents spoke about current affairs and items that were in the news. They chatted about their plans over the Christmas period.

As part of an announced inspection, the Chief Inspector issued questionnaires to residents before the inspection. These questionnaires asked residents their views on the centre and the service they received there. Four questionnaires were returned and reviewed by the inspector on the day of inspection. All residents received

support from staff or a family member to complete the questionnaires. Overall, the responses to the questions indicated that residents were happy living in the centre and happy with the service with some responding 'it could be better' to some questions.

In addition to the person in charge, the inspector met with three other staff members who held different roles in the centre. All of them were knowledgeable on the needs of the residents and the specific supports that residents needed to meet those needs. Staff knew how to access information to guide them on how to support residents. They knew what to do should a safeguarding incident arise.

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

## Capacity and capability

There were good governance and oversight arrangements in the centre. The staffing arrangements were in line with the residents' assessed needs. The provider submitted documentation and notifications in line with the regulations.

The provider maintained oversight of the service through the use of regular audit. When actions were identified on audit, there was a system to ensure that these issues were addressed. For example, the centre had a quality improvement plan that tracked the actions that had been noted on audit, the person responsible for completing the action and the target timeline. Incidents in the centre were recorded and reviewed by management to identify any trends. If trends were identified, these were addressed by the provider through team meetings, training and staff supervision.

The staffing arrangements were suited to the needs of residents. The skill-mix of staff was in line with the residents' assessed needs. There was a regular team of staff who were familiar to the residents. Staff training in mandatory modules and in site-specific modules was up-to-date for all staff.

The provider had submitted the necessary documentation to apply for the renewal of the centre's registration. This included the centre's statement of purpose and the residents' guide. The centre's complaints procedures were outlined within these documents.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required documentation to progress the application

to renew the centre's registration. This was reviewed by the inspector and found to be complete.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements were suited to the needs of the residents.

The inspector reviewed the rosters in the centre for November and December 2024. This indicated that the required number of staff with an appropriate skill mix were available at all times to support residents. The provider was able to ensure flexible staffing arrangements to meet the requirements of the service. For example, in response to a temporary change in one resident's healthcare needs, the provider had implemented new night-time staffing arrangements to meet those needs.

The inspector reviewed a sample of two staff files and found that they contained the required information as set out in the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had up-to-date training.

The inspector reviewed the training records for staff. This indicated that staff had largely up-to-date training in 15 modules that the provider had identified as mandatory. Where refresher training was required, this had been identified by the person in charge and there was a plan for the staff member to complete the training module.

Judgment: Compliant

### Regulation 22: Insurance

The provider had submitted details of their insurance as part of the application to renew the centre's registration. This was reviewed and found to include all of the details required under the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There were good systems of oversight and accountability in the service.

The provider maintained good oversight of the quality of the service through audits.

The inspector reviewed the two most recent six-monthly unannounced audits of the quality and safety of care and support completed by the provider. These audits were comprehensive and identified areas for improvement. Actions from these audits were added to the centre's quality improvement plan and completed by a named person within a specified timeframe.

Regular audits were completed in the centre by the team leader. A sample of these audits were reviewed by the inspector. The inspector reviewed the medication audits that were completed in June and September 2024. Where these audits identified actions for improvement, these had been addressed by the provider.

Incidents in the centre were recorded and reviewed. The inspector looked at a sample of incidents that had been recorded in the previous three months. These records indicated that issues were accurately recorded and escalated appropriately. Incidents were reviewed quarterly to identify any trends that emerged. It was noted that the provider had implemented additional staff training for the team where a trend in incidents was identified.

The lines of management were clearly defined in the service. Staff knew who to contact should any issues arise.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure.

The complaints procedure and a box to post complaints was located in the hallway of the centre. The inspector's review of resident meetings indicated that complaints were included as a routine agenda item.

Judgment: Compliant



## Quality and safety

The inspector found that this centre provided a good quality service. The residents received appropriate supports to meet their needs. The residents' safety was promoted through good safeguarding practices and risk management systems.

Residents received a person-centred service in this centre. The necessary supports to meet the residents' health, social and personal needs had been put in place. Staff had been given the necessary information in order to support residents appropriately. This included information in relation to their behaviour support plans and nutritional needs. The centre was suited to the needs of residents. It was fully accessible and laid-out to suit the residents' needs. It had the equipment required by residents to complete their daily activities. Residents were supported to engage in activities within the centre and in the wider community.

The safety of residents was promoted. Risk assessments had been put in place to ensure that staff knew how to reduce risks to residents. Staff had up-to-date training in safeguarding and knew the process that should be followed should any incident occur.

## Regulation 13: General welfare and development

The provider had made arrangements to ensure that residents were supported to engage in activities that were in line with their interests.

Residents talked about the activities that they enjoyed and the support that they received from staff to engage in these activities. The inspector reviewed the notes relating to two residents and found that residents were supported to engage in activities within the centre and in the wider community. Residents were supported to complete daily tasks, for example, shopping. They were also supported in their leisure activities, for example, playing darts, going to the cinema, going out for meals. Residents were also supported to maintain contact with their family and friends.

Judgment: Compliant

## Regulation 17: Premises

The centre was suited to the needs of the residents.

As outlined in the opening section of the report, the centre was in a good state of

repair and nicely decorated. There was adequate space for residents to spend time together or alone, as they wished. The centre was fully accessible to all residents. The centre had equipment that residents required for their activities of daily living.

Judgment: Compliant

### Regulation 18: Food and nutrition

The nutritional needs of residents were well managed in this centre.

The centre was stocked with ample fresh food for meals and snacks. Residents were offered choices in relation to their daily meals. If the resident declined the planned meal of the day, there were other options available in the centre.

The inspector reviewed the notes for two residents. These indicated that residents had access to the support of healthcare professionals in relation to their nutritional needs, when required. Weight checks were regularly completed with residents. Residents were supported to make healthy meal choices.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had developed an information guide for residents. This was reviewed by the inspector and found to contain the information set out in the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had good systems in place to manage risk in the centre.

The inspector reviewed the risk register that had been developed by the person in charge. This was comprehensive and specific to the service. The risks were regularly reviewed.

The inspector also reviewed the risk assessments that had been devised for two residents. These gave clear guidance to staff on how to reduce risks to the residents. They were regularly reviewed and update.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed the notes for two residents.

These identified the residents' health, social and personal care needs. There was guidance for staff on how to support residents to meet those needs.

Annual meetings were held with the members of staff and the resident to set personal goals for the upcoming year.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had arrangements in place to support residents to manage their behaviour.

The inspector reviewed the positive behaviour support plans for two residents. These were completed by an appropriate professional. They gave guidance to staff on how to support residents to manage their behaviour. Staff were knowledgeable of their content.

The inspector reviewed incidents that had been recorded in relation to one resident's behaviour. These indicated that staff had not always followed the guidelines set-out in the behaviour support plan. This had been identified by the person in charge and plans had been put in place to support staff with training and through supervision to ensure that the plans were fully implemented. This was evidenced in supervision records that were viewed by the inspector.

Judgment: Compliant

### Regulation 8: Protection

The provider had taken steps to protect residents from abuse.

The inspector reviewed the residents' meeting notes and care notes for two residents. They showed that residents received training in relation to safeguarding at residents' meetings and in one-to-one meetings with their key workers.

All staff had up-to-date training in safeguarding. There were no open safeguarding plans or incidents in the centre at the time of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were respected in this centre.

Residents' choice was promoted. This was clear from the review of residents' notes and through conversation with staff. Residents were supported to be active participants in the running of the centre through their monthly resident meetings.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
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	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant