



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:	Announced
Date of inspection:	29 August 2023
Centre ID:	OSV-0003363
Fieldwork ID:	MON-0031719

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:	2
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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
Tuesday 29 August 2023	09:00hrs to 15:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform a registration renewal application, and to monitor the provider's arrangements for compliance in the centre. As part of this inspection, the inspector met with staff on duty, and residents who lived in the centre. The person in charge and staff were present throughout the inspection. The inspector also observed the care and support interactions between residents and staff at intervals throughout the day. One resident was enjoying a restful morning and the other resident was prepared and ready to attend their planned activities. This resident met with the inspector and was chatty, energetic and chatting about the day ahead.

Loughtown house is located on the outskirts of a large town and had good access to a wide range of facilities and amenities. The centre consisted of a large bungalow which provided a full-time residential service for up to three people. The bungalow had a spacious sitting room, well equipped kitchen and dining area, an office and laundry facilities. All residents had their own bedroom and an adequate number of bathroom facilities were provided. Overall, the inspector found the centre to be very clean and well-maintained, and provided residents with a comfortable living environment.

The inspector met both residents during the inspection and both residents spoke about living in the centre. They both enjoyed living in the centre and liked the staff supporting them. Residents spoke about their day ahead and plans they had made with staff, which included planned activities and attending a bespoke day programme. Throughout the inspection the inspector noted, and observed that the residents were very at ease in the company of staff. One resident showed the inspector their room and the centre, but also showed their collected figurines on display in their room. This resident also enjoyed fantasy programmes such as "Harry Potter" and again showed the models they had made with staff support. They residents were happy and relaxed, and one resident sought reassurance that they would remain in this house which staff provided. Some of the activities that residents enjoyed also included outings on the transport, visiting areas of interest, and bespoke day services. One resident spoke about their artwork and proudly showed the inspector their work and also that they were entered in a local competition which they would hear the outcome the following day after the inspection. Both residents also enjoyed spending time on their tablets, mobile phones and also enjoyed artworks. There was also one vacancy at the time of the inspection and the staff team advised that any proposed admission would take the current residents into consideration and ensure compatibility for all involved.

From meeting and speaking with it was clear that many measures were in place to ensure both residents felt safe and supported, but also had appropriate staffing at all times to complete their activities to achieve a good quality of life.

Overall it was evident from observation in the centre, conversations with staff and

information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported both in the centre and in the local community. Throughout the inspection it was clear that the person in charge and staff team prioritised the wellbeing and quality of life for both residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management, and the arrangements in place in the centre and how these impacted on the quality and safety of the residents who lived in this centre.

Capacity and capability

There were robust management arrangements in place which ensured that there was a good level of compliance with regulations, and that a good quality and safe service was provided for the residents who lived in this centre.

Audits were being carried out by the person in charge and staff to review the quality and safety of the service. A monthly audit plan for 2023 had been developed and specific audits were identified to be carried out each month. These included audits of fire safety, finances, health and safety, medication, infection control, and restrictive practice. The required audits had been completed to date. The provider was aware of the requirement to complete unannounced audits on behalf of the provider twice each year, and these processes were in place and completed. Two unannounced audits had taken place in 2022 and 2023, and the provider had identified areas of good practice and areas for improvement, such as activity sampling. The annual review of the service was completed and due for an update this year. The inspector noted that it identified areas of good practice, areas for improvement and actions were identified at the end of the report with persons responsible for completing the actions.

The centre was well managed, with good systems and levels of oversight to ensure that the residents' needs and well-being were being prioritised. There was a strong management presence in the centre with a clearly defined management structure led by the person in charge. There was a schedule of audits in place that ensured that the centre's information and practices were being effectively monitored. The inspector reviewed audits that had taken place and found them to be thorough and that the actions and their completion dates were documented. The person in charge was delegating audit tasks to the staff team and was supporting them to complete them, and in doing so was creating a learning environment. The person in charge knew both residents and their support needs. The person in charge worked closely with staff and the wider management team. Regular management meetings took place, which were attended by the person in charge and the management team and the person in charge kept the regional services manager aware of service needs or issues. The person in charge held monthly team meetings with the staff in the centre at which a range of information was shared and discussed such as care

planning, health and safety, risk management, policies and procedures, and notifications. In addition, The inspector noted that staff adhered to a cleaning schedule in place and ensured that all jobs were completed and recorded at the time of inspection. The inspector noted that the person in charge also reviewed and monitored these records and had an audit schedule in place to review their practice.

There were sufficient staff rostered for duty to support the resident's assessed needs. There was adequate staffing arrangements in place which enabled residents to take part in the activities that they enjoyed and preferred. There were also measures to ensure that staff were competent to carry out their roles. The staff team supporting the resident had access to appropriate training as part of their continuous professional development. The inspector reviewed the staff team's supervision schedule and saw that staff members were receiving this regularly. A sample of staff members' supervision records were examined and were found to be promoting learning.

There was an effective complaints procedure that was accessible to the resident. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner. Staff spoken with were clear that if a resident was unhappy or had an issue they would clearly indicate their annoyance. There were no active complaints at the time of this inspection.

Overall, the inspector found that the oversight of day-to-day care practices was of a good standard and provided the residents with a good quality of care.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents

and any charges incurred.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose included all the required information and adequately described the service.
Judgment: Compliant
Regulation 31: Notification of incidents
All the necessary notifications had been made to HIQA within the required timeframes.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately.
Judgment: Compliant
Quality and safety
<p>There was suitable care and support provided in the centre to allow residents to enjoy preferred activities and lifestyle and to receive a good level of healthcare.</p> <p>The provider had ensured that residents had a person centred individualised programme in place which provided access to recreation, meaningful day-to-day activities. Resident's enjoyed activities such as, table top activities such as lego, drawing and enjoying walks in scenic areas. The resident also enjoyed short walks in local areas of interest, eating out and beverages in local places of interest. Resident's also had a good family support system and was supported with goals or appointments by family members, who engaged with staff regularly to ensure both</p>

residents were receiving relevant and appropriate care.

The provider and person in charge were also ensuring consistency for the resident as this was paramount to maintaining the residents' wellness and reduced the number of adverse events which had occurred previously due to compatibility issues or unfamiliar staff supporting the residents. In addition, the inspector reviewed the induction documentation to guide all staff in their practice and the inspector found it was very detailed and clearly outlined how both residents liked to be supported during the day.

The provider also had measures to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, provision of fire doors in the centre, and a range of fire safety checks were being carried out by staff, in addition to servicing by external specialists. A review of fire safety checks were being carried out by staff in addition to servicing by external specialists. A review of fire safety records indicated that fire drills which took place both day and night were carried out in the centre.

The systems for the protection of the resident from abuse were satisfactory in all areas in the centre. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer in the region. The provider had systems in place to ensure that this resident was safe from all risks. These included a risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and were reviewed frequently by the person in charge and management team.

Both residents had a communication assessment in place which was monitored and reviewed by their keyworker and the person in charge. This was detailed, showed the residents' likes and dislikes and their preferred communication style.

Residents' rights were promoted by the measures and actions which were implemented by the provider, person in charge and the staff team. The provider ensured that the centre was well resourced and that the resident could freely access their local community, nearby towns and shopping areas. The person in charge displayed information on rights and reviews which were facilitated in the centre aimed to promote residents' welfare and wellbeing. In addition, the inspector observed staff interacting with the resident in a kind and respectful manner and daily notes which were reviewed indicated that the best interests of residents was to the forefront of care.

Overall, the inspector found that the resident was well supported in this centre and they were supported by a staff team who knew their needs and care preferences.

Regulation 10: Communication

There was clear guidance relating to communication, and this was observed in practice. Communication was facilitated for residents in accordance with their needs and preferences

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents and met the requirements of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks

Judgment: Compliant

Regulation 20: Information for residents

The provider had information available for residents in the centre, and this was also provided in an accessible format where required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that appropriate processes were in place to assess and mitigate identified risks, and this was reviewed by the management team as scheduled.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured following the last inspection that effective measures were in place to ensure protection against infection and all actions identified were now addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	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	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant