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Loughtown House, OSV-0003363, 18 November 2020

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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:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0003363
Fieldwork ID:	MON-0031089

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
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 18 November 2020	10:15hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with the three residents. One resident spoke positively regarding their home and the care they were receiving following a recent medical procedure. Two of the residents spoke about recent goals they had been engaging in. One resident spoke of a gardening project they had completed, and another referred to baking they had completed. An appraisal of resident meetings and residents' information demonstrated that residents were happy in their home and were being supported when possible to engage in activities of their choosing.

Capacity and capability

The inspection found that residents received a good standard of care but that there were some improvements required regarding staffing matters. There was a need to review the arrangements in place to ensure that staffing numbers were appropriate to the needs of residents at all times and that the staff team were receiving appropriate supervision.

The centre's staff team was made up of the person in charge, a registered nurse, and a team of health care assistants. A review of the centre's roster demonstrated that at weekends there was only one member of the staff team on duty during the day. This was opposed to two staff members being on duty for the same period, Monday to Friday. The reduction in staff members impacted the residents' ability to engage in social activities outside of the centre. Some residents required increased supervision due to mobility issues when in the community. The current staffing level at weekends meant that one staff member could not safely manage to take all three residents out for an activity other than going for a drive at weekends. There had been some occasions before the implementation of the initial COVID-19 travel restrictions where two staff members were on shift one day at the weekend, but this practice was not consistent. These arrangements had not been reintroduced following the lifting of initial travel restrictions earlier in the year.

There was a consistent staff team supporting the residents. The provider relied on the use of agency staff to cover shifts due to sick and annual leave. However, the provider was ensuring that consistent agency staff members were being utilised, and there was a plan in place to monitor their movements between services.

The inspector reviewed the systems that were in place to ensure that the staff team was appropriately supervised. It was found that there were required improvements. An appraisal of staff members' supervision records demonstrated that supervision was not being provided regularly and that annual performance management reviews

were not being consistently completed as per the provider's policies and procedures.

The provider had ensured that the staff team had access to appropriate training, including refresher training as part of a continuous professional development program. Part of the centre's quality improvement plan was to review the required training needs of the staff team regularly, and this was proving to be effective.

The provider had ensured that there was a management structure in place that effectively identified the lines of authority and accountability. There were active quality improvement plans that reviewed the service being provided and tracked the completion of actions in a clear format. This process was leading to the effective oversight of the service and the care being provided to residents. There were actions yet to be completed following recent audits, but there were plans to address them.

The provider had ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

The person in charge submitted notifications regarding adverse incidents within the three working days as set out in the regulations. The person in charge had also ensured that quarterly and six-monthly notifications were being submitted as set out in the regulations. There were systems in place to respond to adverse incidents, and the provider's multidisciplinary team were involved in the review of incidents.

The provider had ensured that there was an effective complaints procedure in place. The inspector observed that there had been no recent complaints logged. Residents were, however, encouraged to raise any concerns or issues during their weekly resident meetings.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide a good quality and safe service to residents.

Regulation 15: Staffing

There was a need to review the arrangements in place to ensure that staffing numbers were appropriate to the needs of residents at all times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were improvements required to the systems in place to ensure that staff members were receiving regular supervision.

Judgment: Not compliant

Regulation 23: Governance and management

The centre had appropriate governance and management systems in place.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints procedure in place and that it was presented in a manner that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were receiving person-centered care that was adapted to their changing needs. While the provider had completed the majority of actions identified from the previous inspection in March 2019, there was still an outstanding action relating to fire containment measures.

The inspector reviewed fire safety practices and noted that overall, there had been improvements to the centre's fire safety and fire containment measures. These improvements had been captured in the centre's quality improvement plans. There

was, however, one remaining fire containment action to be addressed; during the inspection the person in charge was able to confirm a date for the completion of the outstanding works.

Residents had received assessments of their health and social care needs. The inspector reviewed a sample of personal plans and noted that they were under regular review and reflected the changing needs of residents. A sample of residents' information was reviewed, and it was found that the person in charge had ensured that there was a large number of assessments completed for the residents and that they outlined the supports required. Residents had access to appropriate healthcare professionals, and there were clear documentation practices in place. There were person-centered plans in place; a review of these plans showed that goals had been developed in accordance with the residents' wishes and that they were under regular review.

The provider had ensured that residents had access to appropriate healthcare and therapeutic services when required. Residents also had access to adequate positive behavioural support when necessary. There was evidence of regular input from members of the provider's multidisciplinary team. There were systems in place to identify and alleviate the cause of residents' behaviours, and this was leading to a reduction in the number of incidents occurring.

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns. Safeguarding plans were detailed and reflected that the staff team was acting as advocates for residents if required. The provider had also ensured that there were arrangements in place to seek supports from outside of their organisation to effectively safeguard residents.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents met with staff members every week and their input was sought regarding practices in the centre. Residents had access to independent advocates, and their views and opinions were being respected by those supporting them.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed.

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, and the staff team, were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs and wishes.

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had not ensured that all fire containment actions had been addressed as per their own compliance plans. There was, however; a plan to address the issue in the coming weeks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Residents were being supported to develop the knowledge, self awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was ensuring that the rights of residents were being promoted and 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loughtown House OSV-0003363

Inspection ID: MON-0031089

Date of inspection: 18/11/2020

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing was reviewed and an additional staff has been put in place at the weekends to ensure residents can meet their social care needs in line with the statement of purpose for the centre. This commenced from week commencing 30/11/2020.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of the staff training and development policy has taken place. This Policy now clearly outlines the frequency of which supervision is required to be carried out. Supervision for all staff is now up to date.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The outstanding fireworks have been completed on the 09/12/2020. Certificate of fire compliance will be issued by the HSE Fire officer.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/12/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/01/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/01/2021