



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 Company Limited by Guarantee
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	03 April 2023
Centre ID:	OSV-0005309
Fieldwork ID:	MON-0037195

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 small 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:	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 (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
Monday 3 April 2023	10:30hrs to 16:45hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had in place in order to ensure compliance with the Care and Support Regulations (2013). The inspection was completed over one day and during this time, the inspector met with the residents and spoke with staff. From what residents told us and from what inspectors observed, it was clear that residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre and be involved in their communities.

Loughnagin is a spacious and accessible bungalow located in a residential area close to a busy town. Residents had dedicated transport provide which meant that they could access their local community. This designated centre was a modern build home. The entrance was bright, spacious and welcoming. There was a well equipped kitchen and dining room. There were two sitting rooms provided. This meant that residents had a choice of where to spend their time. Both were cheerfully decorated. Each resident had their own bedroom and en-suite bathroom. In addition, office space for administrative tasks was provided. This was located to the rear of the property and therefore did not impact on the homely and welcoming atmosphere in the centre.

There were three residents living at Loughnagin on the day of inspection. However, only two residents were present as one was spending time at their family home. On arrival, one resident was enjoying breakfast in the dining room. They spoke cheerfully with the inspector about their plans for the day. This included a trip to the local shop and a plan to purchase items that they liked.

A second resident met with the inspector later that morning. They invited the inspector to see their bedroom, which was comfortable and decorated with items of personal interest to the resident. They told the inspector about their plans for the day which included an outing that afternoon. The timing of this trip was the personal preference of this resident and this plan showed that their wishes were respected. The resident spoke with the inspector about Loughnagin. They said that they were happy living there as it was a homely place. In addition, they told the inspector that the staff were 'lovely' and the food served was very good.

There were a number of staff members working in Loughnagin on the day of inspection. They were observed supporting residents during the day. It was clear that the staff on duty were familiar with the residents and with their assessed needs. The inspector found that residents were content in the company of the staff and the interactions between them were supportive and respectful. The team leader told the inspector that staff were provided with training in a human rights based approach. This said that residents' rights were considered and promoted by all staff on a daily basis. Staff spoken with were aware of the rights and equality of all persons. They told the inspector that their training encouraged a greater awareness

of a rights based approach.

Overall, the inspector found that this service provided a good quality and person-centred service to residents. However, improvements with staff training, notification of incidents, safeguarding and protection systems, risk management and governance and management which would further enhance the quality of the service provided.

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

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre which ensured that the care delivered to the residents met their needs and was under ongoing review. However, under this dimension, improvements with staff training, notification of incidents and overall governance and management would further increase regulatory compliance.

The person in charge was on leave on the day of inspection. They had the support of a team leader who had oversight of the centre during the absence of the person in charge. Therefore, the team leader facilitated the inspection.

The inspector completed a review of the policies and procedures in use in the designated centre and found that they were available for review in line with Schedule 5 of the regulations. They sample viewed was up to date and there was evidence of regular review.

The provider ensured that the number and skill mix of staff available was appropriate to the assessed needs of the residents. The roster was well maintained and provided an accurate account of the staff present at the time of inspection. Where additional staff were required they were provided. The team leader said that these staff members were familiar with the residents and the service and therefore consistency of care was provided. An on-call system was in place if required and this was reported to work well.

Staff had access to training, including refresher training, as part of a continuous professional development programme. In addition, a formal schedule of staff supervision and performance management was in place and meetings were up to date for the staff team. A staff training matrix was maintained which included details of when staff had attended training. A sample of training records reviewed demonstrated that most staff members had completed the mandatory and refresher training as required. These included fire training and training in the safeguarding and protection of vulnerable adults. However, some staff were yet to complete

refresher training modules and this required review.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. A range of audits were in use in this centre and an audit schedule was used to assist with planning. The annual review of care and support provided was up to date. The six monthly provider-led audit was completed in March 2023. This was found to be a comprehensive document which included an audit action plan. A review of the provider's arrangements in relation to the reporting of incidents was completed. An electronic reporting system was used and a sample of incidents were reviewed. This found that a number of incidents concerned the administration of medicines. This will expanded on under risk management below. In addition, the inspector found a safeguarding and protection concern which was not reported to the Chief Inspector in line with the requirements of the regulation. This required review.

Overall, the inspector found good management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. As outlined, improvements with staff training, notification of incidents and overall governance and management systems were required to ensure full compliance under this dimension.

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate for the needs of residents. Where additional staff were required this was planned for and facilitated. The roster was reviewed and the inspector found that it was well maintained and provided an accurate account of the staff present at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. A formal schedule of staff supervision and performance management was in place. However;

- not all staff members had up to date training in first aid, management of medications, positive behaviour support and management of epilepsy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there was a defined management structure in place with clear lines of authority. Management systems were in place to ensure that the service provided was appropriate to the needs of the residents and effectively monitored. However, the following areas required review;

- to ensure that all staff training and development was up to date.
- to ensure that notifications are submitted in line with the requirements of the regulation.
- to ensure that all safeguarding and protection concerns are acknowledged as such.
- to ensure that all risk assessment are rated effectively and escalated if required.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider failed to ensure that all notifications were submitted to the Chief Inspector in line with the requirements of the regulation.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had prepared policies and procedures which were in line with the requirements of Schedule 5 of the regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the service provided in Loughnagin was person-centred and safe. Residents' wellbeing and welfare was maintained by a good

standard of evidence-based care and support. However, were required in the safeguarding of residents and risk management procedures in place.

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes. Each resident had a personal-centred plan which was up to date. Residents were actively involved in their local communities through a range of activities. The staff on duty told the inspector that where possible, all residents had contact with their family members. This was promoted through telephone calls, family visits and trips home.

Residents that required support with their health and wellbeing had this facilitated. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with individual needs. For example, one resident spoke to the inspector about attending their GP. Access to the support of a psychologist and an occupational therapist was also provided. In addition, integrated mental health and intellectual disability health professionals were available to provide support if required.

Residents that required support with behaviours of concern had a positive behaviour support plan in place. A sample plan reviewed showed that it was recently reviewed by a psychologist. The inspector found that recommendations made were in place as advised, were followed by staff and were reported to be supportive and working well. Restrictive practices were used in this centre. A restrictive practice protocol was in place and those used were found to be the least restrictive for the shortest duration necessary. Staff had access to training in positive behaviour support and in the main, this was up to date.

The provider had systems and processes in place to protect residents from abuse. A safeguarding and protection policy was available for review and all staff had up to date training provided. Posters displayed on the notice board provided details for the designated officers and staff spoken with were aware of what to do should a concern arise. However, as previously outlined, when incidents occurred they were not always acknowledged as a safeguarding concern and therefore not actioned in line with requirements. This required review.

The provider had systems in place to reduce and manage risk in the designated centre. This included a risk management policy and arrangements for the assessment, management and ongoing review of risk. The risk register was reviewed recently and staff were provided with training in risk management. However, as previously outlined incidents in relation to the administration of medicines and medicines errors had occurred in this centre. However, a low risk rating was applied to the risk assessments concerned. This was not in line with the likelihood of the risk occurring and this required review.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. In addition, residents had personal

emergency evacuation plans and residents spoken with were aware of what to do should the fire alarm sound. All staff had up to date fire training provided.

In summary, residents at this designated centre were provided with a good quality and safe service, where their preferences and rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided. However, improvements were required to ensure full compliance with the regulations in relation to staff training, notification of incidents, safeguarding and protection systems, risk management, and governance and management which would further enhance the quality of the service provided.

Regulation 17: Premises

The premises provided was accessible in design and suitable to meet the assessed needs of the residents. It was in very good state of repair, it was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. However, the following required review;

- to ensure that risk ratings used are in line with the likelihood of the risks arising for example, the risks in relation to medication errors.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place including arrangements to detect and contain fires and to evacuate the premises.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were found to have comprehensive assessments completed of their health, personal and social needs and were supported to achieve the best possible health and wellbeing outcomes.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, residents were facilitated to attend appointments in line with their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident that required support with behaviours of concern had a positive behaviour support plan in place and the support of a positive behaviour support specialist was provided. Restrictive practices were used in this centre. Protocols were in place and these were reviewed regularly.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and processes in place to protect residents from abuse. A safeguarding and protection policy was available for review and all staff had up to date training provided. However, the following area required review;

- to ensure that all safeguarding and protection incidents were acknowledged and addressed in line with the providers policy

Judgment: Substantially 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Loughnagin OSV-0005309

Inspection ID: MON-0037195

Date of inspection: 03/04/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Renewal training was scheduled for 20/4/2023 at the time of the inspection. All Staff Renewal training has been completed since 20th April 2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All Training has been completed and in compliance from 20th April 2023. All notifications will be submitted within a three-day period of incident for full compliance with the regulations. Ensure all safeguarding + protection concerns are escalated where applicable. All identified risk assessments and register will be reviewed to ensure that risk ratings used are in line with the likelihood of the risks arising.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All notifications of incident will be submitted within a three-day period, to achieve full compliance with the regulations.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Identified risk re medication errors has been reviewed/ updated 5th May 2023	

All risks will be reviewed to ensure that risk ratings used are in line with the likelihood of the risks arising.	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All safeguarding + protection strategies in place have been reviewed/ updated 5th May 2023.</p> <p>Collaboration with the CHO1 safeguarding team is positive/ ongoing where applicable.</p> <p>Any further safeguarding and protection incidents will addressed in line with the providers policy and HIQA, Safeguarding reporting obligations.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/05/2023
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.	Substantially Compliant	Yellow	31/05/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	31/05/2023

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/05/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	05/05/2023