



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

Issued by the Chief Inspector

Name of designated centre:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0038890

About the designated centre

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

The designated centre provides 24-hour nurse-led residential care and currently accommodates five adults, with intellectual disabilities. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one of which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom, with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The centre is located near a large town, and there are transport facilities for residents to access amenities in the town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 24 May 2023	09:15hrs to 14:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day, and during this time, the inspector spoke with the residents and met with the staff. In addition to discussions held, the inspector observed the residents' daily interactions and lived experiences in this designated centre.

On arrival at the residents' home, the inspector was greeted by a member of the staff team. The inspector observed that the residents' home was clean and in good repair. The provider had recently completed works in the residents' home to include, a new fitted kitchen, new presses in the utility room, and a bathroom had also been refurbished. The inspector was also informed that approval had been granted for new flooring to be laid in two residents' bedrooms.

The inspector was introduced to three of the five residents. The residents communicated through non-verbal communication. The inspector saw that the staff members were aware of the residents' non-verbal cues and could respond to the residents' prompts quickly. The inspector also found that residents had been provided with information regarding IPC practices and control measures.

The residents appeared happy in their homes. The review of a sample of residents' achievements identified that they were supported to be active members of their local community. Residents were supported to go out for coffee, lunch or dinner regularly. Some residents recently went on a trip to the Giant's Causeway and Belfast City. Other residents liked to maintain a routine and went for drives and walks near their home.

The inspector found consistent staff working in the service that knew the residents' needs. Consistency was vital for this group of residents. Staff members were observed to engage with residents respectfully throughout the inspection. The inspector also spoke with staff members reviewing standard-based precautions relating to IPC practices. The staff members demonstrated that they had appropriate knowledge.

An appraisal of information demonstrated that residents were supported to maintain links with their family members. The review also showed no current restrictions regarding residents receiving visitors in their homes.

The inspector found that the services management and the staff team had ensured that effective IPC practices and control measures were in place. However, it was found that a review was required in relation to the volume and type of information available for staff. For example, the inspector found documentation that had not been reviewed in over twelve months. There were also many documents that no

longer reflected current public health guidelines.

Capacity and capability

The inspection found that, the staff team employed appropriate IPC practices which effectively safeguarded residents from healthcare-related infections.

The person in charge was responsible for the overall management of IPC practices in the service. The staff members supported the person in charge in ensuring the IPC practices were effective.

A large volume of information was available for staff to review regarding IPC practices and control measures. The inspector reviewed a sample of the information and found that some information, including resident care plans, needed to be updated. There were also a number of guidance documents in the information folder that no longer reflected best practices. A new person in charge had been identified to take over the role in the coming weeks, this person was based in the service and facilitated the inspection. They informed the inspector that they were in the process of updating all information and identified that a large amount of information needed to be archived. While the provider had identified the issue, there had been a delayed response.

The provider did have an auditing system. Two audits were completed each month. The provider had also completed self-assessment questionnaires relating to IPC practices. The audits had identified IPC issues relating to the resident's home; as mentioned earlier, the provider had recently completed works and had addressed the IPC issues. This demonstrated that the audits identified areas that required improvement and that systems were in place to respond.

The inspector found that a document had been developed to guide staff members in effectively responding to acute respiratory infections. The document was clear and concise and provided staff members with information on responding to suspect and confirmed cases of respiratory infections.

As mentioned earlier, the staff members the inspector interacted with were knowledgeable regarding IPC practices. The provider had ensured that there were sufficient staffing numbers to meet the needs of residents and also to complete assigned tasks relating to IPC practices.

A review of training records demonstrated that the staff team had completed training in IPC practices. The inspector was informed that the staff members had been directed to complete a further training module in the area by the end of this month. The inspector was provided with certs that demonstrated that the staff team were in the process of completing the training and enhancing their knowledge.

Quality and safety

Residents had been provided with information regarding IPC practices and control measures through resident meetings. The inspector reviewed a sample of the meetings and found that some enhancements were required. While some information had been shared, improvements were required to ensure that residents were regularly provided with information regarding IPC practices in their homes.

The inspector also found that care plans and risk assessments had been devised for the group of residents relating to the COVID-19 virus. The plans were last reviewed in mid-2022. They required updating as, in some cases, the information no longer reflected current guidance. The inspector was informed that the staff team had been assigned duties to review and update the documents, which would commence in the coming weeks. However, there had been a period where care plans had not been updated when required.

Regarding residents' health, there was evidence of care plans and health plans being developed for each resident. Residents were supported to utilise healthcare professionals when required, and the staff team regularly reviewed their health. The inspector was also informed that the infectious status of a resident would be documented in their daily notes. Furthermore, if a resident were diagnosed with a healthcare-related infection, a short-term care plan would be created that tracked the health and care needs of the resident.

The inspector found that the provider had devised cleaning schedules. Cleaning duties were completed each day, and deep cleaning of residents' bedrooms was scheduled weekly. The inspector found that the residents' home was clean and well-maintained. There were adequate hand sanitising stations throughout the residents' homes, and staff were observed to follow standard-based precautions.

An area that required some attention was information sharing regarding cleaning and disinfecting practices. The inspector asked to review such information and was informed that this was not available. A senior staff nurse told the inspector this would be addressed and made readily available for staff members going forward.

As stated, the house's utility room had recently been upgraded. Before this, the inspector was informed that laundry and waste management information sheets were displayed in the area. While they were not on display during the inspection, the inspector was assured that measures were appropriate and that staff members were well-versed in the areas.

Regulation 27: Protection against infection

This inspection found that, for the most part, the provider had ensured that

appropriate IPC practices were appropriate. Regular audits of IPC practices and control measures were conducted, and the audits identified actions which were responded to.

Some areas required improvement. Care plans and risk assessments relating to IPC practices and the COVID-19 pandemic needed to be updated in order to reflect current guidance.

The provider also failed to ensure the IPC information folder was maintained. The folder contained a large volume of information. However, much of the information no longer reflected best practices. There was, therefore, a risk of staff following measures that were no longer best practices.

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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0038890

Date of inspection: 24/05/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Care plans and risk assessments relating to IPC practices and the COVID-19 pandemic are being updated to reflect current guidance from Health Protection Surveillance Centre. The IPC information folder is being updated to reflect current public health guidelines to ensure all staff are following measure which reflect best practice.</p> <p>Infection Control Precautions are a standing agenda item on house meetings. However, the topic will be reviewed to ensure that residents are regularly provided with information regarding IPC practices in their home.</p> <p>The cleaning and disinfecting procedures will be documented to ensure it is readily available for staff members to guide their work practices.</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 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 published by the Authority.	Substantially Compliant	Yellow	07/07/2023