



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

## Issued by the Chief Inspector

Name of designated centre:	Lisrath
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 December 2021
Centre ID:	OSV-0001517
Fieldwork ID:	MON-0030913

## About the designated centre

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

Lisrath provides full-time residential care and support for up to five adults (both male and female) with an acquired brain injury. The house is located in Co. Louth and is near a large town. The house is a large detached bungalow. It consists of a large, well-equipped kitchen and dining room with a TV viewing area, a large separate sitting room, communal bathrooms, a laundry facility, a sunroom, a staff office, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom two of which are en suite, which are personalised to their style and preference. The house is staffed full time by a team of specially trained rehabilitation assistants who support the residents in meeting their assessed rehabilitative, social, and healthcare needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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
Friday 3 December 2021	10:30hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection conducted to monitor compliance with regulations and standards. There were five residents on the day of the inspection, some of whom had lived in the centre for some years, and some who had more recently moved into the centre. The inspector spent some time with four of them.

Some of the residents were happy to have a chat with the inspector, and to show the inspector round their home, and their personal rooms. Residents' bedrooms were individually decorated and furnished as they preferred, and with any equipment that they required. They kept their personal possessions in their rooms, some of which related to their hobbies and interests.

Residents all said that they were happy in this centre, and that they felt safe and supported. Some residents told the inspector about specific help that they received from staff. They could outline who they would approach if they had a problem, and the steps they would take in the event of an emergency.

During the course of the inspection staff were observed to be supporting residents in various ways, and in particular with their communication needs. Some residents had dedicated staff with specific skills to meet their needs, and others had technology to assist them with communication. There was an emphasis on rehabilitation and developing independence, and some people had recently moved on into independent living.

Various activities were on-going during the course of the inspection, some within the centre and some outside, and accommodation had been made to continue activities where possible during the COVID pandemic. Some activities related to maintaining or developing independence, and others were hobbies and interests.

Residents were observed to be comfortable in their home, they were utilising various spaces as they chose, and the inspector saw that staff were knowledgeable and supportive in their interactions with residents, who were seen to approach them for support, or for a chat. The house was clean and bright, and decorated in a homely way, including some of the residents' art work on the walls.

In summary, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to choose how they wished to spend their time and they were involved as much as possible in the running of their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The provider had ensured that there was a clear management structure in place that was led by a person in charge, and which led to the effective delivery of care. The person in charge was appropriately experienced and qualified, and demonstrated an in-depth knowledge of the needs and abilities of the residents.

The provider and person in charge had established and maintained processes to ensure the oversight of the centre, and to ensure a high standard of care and support for residents. An annual review of quality and safety of care and support in the centre had been completed, and six monthly unannounced visits had been conducted. A suite of audits was undertaken regularly in the centre, both internally and by an external audit team. There were no current actions required as a result of these audits, and this was consistent with the findings of the inspection,

Regular team meetings were led by the person in charge, and a review of the minutes of these meetings indicated that multiple issues were discussed and required actions both identified and implemented.

All required notifications had been made to HIQA as required, and the person in charge was familiar with the requirements.

The rostered staffing numbers and skills mix were appropriate to meet the needs of residents and there were sufficient staff on a daily basis, and staff with skills specific to the needs of residents. The staff team was consistent and long term for the most part, which was significant to some residents.

All staff training was up to date, including training specific to the rehabilitation needs of residents, and regular formal supervision was undertaken by the person in charge.

There was a clear complaints policy, and residents were aware of it. Any complaints were discussed at the staff team meetings. All policies required by schedule 5 of the regulations were in place, and a sample of three policies was reviewed by the inspector. These policies were detailed and current, and provided guidance for staff in accordance with best practice.

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

## Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, and had

clear oversight of the centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
All required notifications were made to HIQA within the required timeframes.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was a clear complaints procedure, and residents knew who to approach if

they had a complaint and any complaints were discussed with residents.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were in place and had been reviewed within the required timeframe.

Judgment: Compliant

### Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs, and the centre was being operated in a manner that promoted and respected the rights of residents and supported their independence.

There were detailed personal plans in place for each resident. These were based on comprehensive and current assessments of needs and abilities, and emphasised the development and maintenance of independence, with a view to moving towards independent living. Person centred planning meetings took place regularly, and plans were reviewed together with residents. Goals had been set for residents, and there was evidence of achievement or steps towards meeting these goals. Both residents and their families were involved in annual reviews of plans and goals.

There was evidence throughout the centre of supports being put in place to assist residents, including memory boards, visual cues and assistive technology.

Healthcare was well managed, and the various healthcare needs of residents were supported. Changing needs had been addressed in a timely manner, and on-going needs, including mental healthcare needs for some, were continually monitored. Residents had access to allied healthcare professionals in accordance with their needs.

Communication was supported for residents in various ways in order to ensure that their voices were heard. One resident had an interpreter several times a week, and another had an application on their smart phone which converted text to voice.

Medications were safely managed and monitored, and some residents were almost independent in managing their own medications, with minimal support from staff. 'As required' medications were administered in accordance with the local protocols which had been signed off by the pharmacist and the general practitioner (GP)



There was safe storage of medicines, and clear stock control.

The house was nicely decorated and furnished and there was a homely feel. Adaptations had been made to meet the needs of residents, such as a kitchen work top and hob which could be lowered so that it could be used by wheelchair users. There was a spacious outside area, and one of the living rooms was used as a games and activities room.

There were no current safeguarding issues in the centre, and all staff had received training in the protection of vulnerable adults. Where residents required support with money management, there were clearly defined protocols to ensure their safety.

There was a risk register in place which included all the identified risks in the centre, and there was a risk management plan in place for each, including both local and environmental risks.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and fire doors. Staff and residents could describe the actions they would take in the event of an emergency, and had all been involved in fire drills. These fire drills took place regularly, and included night time drills. There was a recently updated personal evacuation plan in place for each resident.

Infection prevention and control measures were in place. The centre was visibly clean, and a deep clean took place regularly. There was a detailed and current infection control policy in place, together with a contingency plan to be implemented in the event of adverse circumstances. The inspector observed throughout the inspection that current public health guidelines were observed.

The rights of residents were respected and upheld. There were no identified rights restrictions, and residents were being supported to maximise their potential and to lead fulfilling lives.

## Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

## Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were

sufficient communal and personal spaces.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
Appropriate infection control practices were in place and all current public health guidelines were implemented.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
Medications were safely managed and administered and residents were supported to be independent in medication management where appropriate.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents.

Judgment: Compliant

### Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

### Regulation 8: Protection

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

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were upheld, and no rights restrictions were identified.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 13: General welfare and development	Compliant