



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

Issued by the Chief Inspector

Name of designated centre:	Lavanagh House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 May 2023
Centre ID:	OSV-0008054
Fieldwork ID:	MON-0040178

About the designated centre

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

The designated centre provides respite services to children aged between 6-18 years, both male and female, who have a primary physical/sensory disability. The services provided are planned short term respite breaks, both day and night. The maximum number of children that can be supported overnight is three. Respite breaks are provided for a maximum of two nights over two weekends in each month. The centre also provides community based day respite on two – three days per week. The aim of the service is to provide care and support in a relaxed environment that maintains the childrens' independence and enhances their social engagement with their peers and the local community. The house is designed to provide open access to the kitchen, dining room, sitting room, sensory room, play room and activity room. Each of the three bedrooms have overhead hoists with en-suite facilities. There is an easy to access secure outdoor garden area from multiple locations in the designated centre. This has been designed to support accessibility for all children attending the designated centre, including raised gardening beds and smooth surface area throughout, with areas for mini golf, ball games and swings. The centre also has a visitor's room, laundry, office, medication room, in addition to storage rooms for linen and sluice equipment. Children are supported through a social model of care with nursing staff available. Staffing levels are reflective of the health and social care needs of the children attending, with a waking and sleepover staff on duty each night. The designated centre has access to dedicated transport vehicles which are wheel chair accessible.

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
Friday 19 May 2023	12:15hrs to 18:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was a focused unannounced inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. The inspector was able to meet with three residents and their family representatives during the inspection in the afternoon and early evening.

This designated centre was last inspected in April 2022 and was found to be compliant with regulation 27: Protection against infection during that inspection.

On arrival at the designated centre, the inspector was greeted by two members of the staff team who were preparing for the planned arrival of three residents later in the afternoon for weekend respite. The person in charge was not on duty but the inspector was provided with all the required information and documentation by the clinical nurse manager (CNM) and other staff members on duty during the inspection. The person participating in management also met with the inspector during the inspection and attended the feedback meeting.

The inspector conducted a walk around of the purpose built building at the start of the inspection. The inspector did observe a door to the sensory room being held open with an item of furniture. This adversely impacted the effectiveness of fire safety measures within the house and was immediately discussed with the staff on duty. The toy box was removed to ensure there was no obstruction in the doorway. The self-closing mechanism was observed to be working at the time of the inspection. The issues identified during the inspection relating to premises will be further discussed in the quality and safety section of this report.

The building was observed to be decorated with photographs of residents enjoying many different activities and it was evident regular cleaning was taking place throughout the designated centre. There was ample space both internally and externally in the secure garden for residents who required the use of wheelchairs to mobilise. Throughout the designated centre there was evidence of residents being supported to remain safe and protocols were in place to ensure effective infection prevention and control (IPC) measures. These included colour coded towels for use by each resident during their stay. All of the bedrooms were equipped with the necessary resources including ceiling hoists to support the individual needs of each child attending. In addition, there was a wheel chair accessible en-suite located adjacent to each bedroom. Staff outlined the daily and weekly protocols completed within the designated centre. These were also consistently documented in the checklists given to the inspector to review.

At the time of this inspection, the provider was supporting 33 children to avail of respite services with ongoing assessments of additional children to commence availing of these services in the months following this inspection. As per the registration conditions of the designated centre a maximum of three residents

attend for short respite breaks at a time.

Staff explained that the group of residents attending for the weekend had similar interests and were known to each other. While the option of group activities would be discussed with the group there was also sufficient staff resources available to support individual group activities during the weekend.

The inspector was able to meet three residents in the afternoon once they had settled into their rooms and chatted with staff. The excitement was palpable as family representatives and siblings escorted the residents into the designated centre.

One resident and their sibling chatted at ease with the inspector about their school work and recent activities which included a sports day. The resident required the use of a wheel chair to mobilise and was later seen independently accessing communal areas without any difficulty. The resident outlined how they really enjoyed their respite breaks. This was their first respite break in 2023 and they informed the inspector that they would like to attend more frequently.

Another resident was planning to attend a sports fixture later in the evening with a staff member. They informed the inspector they were very proud to be the team mascot for the year and hoped the team would win the match that evening as they hadn't been playing well in recent matches. The resident's wheelchair was decorated with emblems of the team and the resident had a supporter's training top on them also in readiness for the game that evening.

The inspector spent some time chatting with another resident in the visitors room. They spoke about how they were very happy to spend time with their peers for the weekend. They had no particular plans or activities but would discuss possible options with the other two residents later in the evening. The resident spoke about how they enjoyed participating in cooking activities in the specially designed kitchen. The resident's mother also spoke to the inspector and outlined how they had purchased kitchen utensils similar to those in the designated centre to assist with skills development and maximising independence in their home for their relative.

The inspector spoke with the residents and staff as they prepared to enjoy a homemade evening meal at the end of the inspection. All the group were chatting and planning for the weekend ahead. The furniture and dining room table was observed to facilitate ease of access and was at a suitable height for all of the residents to enjoy their evening meal together with the staff members.

During the inspection, the inspector also spoke with family representatives of all three residents. They spoke of the positive impact the short breaks had for their relative and the wider family. Two siblings outlined their plans to the inspector for the weekend while their relative was in the designated centre. The inspector was informed due to the complex medical needs of some of the residents it was not possible for them to be supported by other relatives for an extended period of time. All of the residents were reported to be excited to be attending for their weekend break in the designated centre. The family members outlined how the benefits of the respite break for their relative included improving their skills with money

management and food preparation. The inspector was informed that all of the residents would avail of more opportunities to attend for short breaks if they became available. All family representatives spoken to expressed how grateful they were to the staff team who looked after their relatives so well.

Overall, this inspection found that residents were well cared for in this centre and were generally afforded good protection against infectious agents. However, there were some improvements to be made to ensure that IPC practices and procedures within the designated centre were consistent with the provider's own protocols, guidelines and relevant national standards.

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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

There was a clear management structure present and overall this centre was found to be providing a responsive and good quality service to residents. Local management systems in place provided residents with a safe and consistent service that was appropriate to residents' needs.

The person in charge had ensured there was an actual and planned rota in place in the designated centre. This was flexible to reflect the needs of the residents attending and to support community activities such as the sporting fixture previously mentioned in this report. There were a number of regular relief staff available to support the staff team in the event of planned or unplanned leave. In addition, the person in charge identified shifts that required to be covered in advance and staff members inputted into the data sheet any shifts they were available to assist with.

All of the staff team had attended training and refresher courses in IPC and food safety. In addition, the provider was actively recruiting new staff members, some of whom were undergoing induction training at the time of this inspection. Staff had also completed hand hygiene audits and were supported by a clinical nurse specialist employed by the provider. There was also a training matrix for 2023. The person in charge had completed the staff supervisions and had a schedule in place for the remainder of 2023. The staff team also attended regular staff meetings which included IPC on the agendas.

The inspector reviewed a number of audits including the internal provider-led audits and annual review. Most of the actions identified were completed or progressed. However, an audit of first aid stocks in January 2023 did not identify a number of items that had expired or were due to expire in the weeks after the audit. This

included eye pads that were out of date since December 2022. The inspector also observed other items including a packet of water wipes which were out of date since January 2021. Staff explained that these items were the personal property left behind by a resident after a previous respite stay. However, there were other items of PPE which did not have the expiry date clearly marked on them. These included some boxes of face masks. The manufacturer had not printed the expiry date on individual boxes but had provided the information on a delivery docket. While the person in charge had documented the expiry date of the product batch on their audit, it was not documented on the individual boxes that were in use in the designated centre, to ensure staff were aware of the expiry date of the products in use.

Quality and safety

The welfare and well being of residents was maintained by a good standard of evidence-based care and support. Generally safe and good quality supports were provided to the residents living in this centre on the day of this inspection. A number of issues identified during the inspection did require some improvements to ensure that residents were protected from infection in a manner that was consistent with the provider's protocols and relevant national standards.

As mentioned in the previous section of this report, the inspector observed a fire door to the sensory room being held open by furniture during the inspection. This was not in compliance with fire regulations and the door was closed immediately. In addition, there was evidence of damage to the intumescent strips on another fire door in the dining room. The inspector was informed that a review of the fire doors had recently taken place and the actions identified during that review would be addressed. The issues relating to fire safety found during this inspection would also be brought to the attention of the appropriate person to resolve.

The staff spoken too during the inspection demonstrated their familiarity with the assessed needs of the residents attending while supporting and maximising their independence in the designated centre. This included providing automatic opening bins in the kitchen which assisted residents' independence when disposing of items, for example. In addition, staff outlined protocols & IPC measures in place to support other residents. These included specific protocols relating to percutaneous endoscopic gastrostomy (PEG) feeding. Throughout the inspection, staff demonstrated their knowledge relating to a number of infectious agents. The inspector was informed that there was no requirement for segregation of laundry or additional precautions to be taken to support the residents currently in receipt of respite breaks. Daily ongoing monitoring of residents and staff for symptoms of illness were consistently completed as required by the provider to ensure the safety and well being of all residents and the staff team.

The inspector observed all opened food items stored both in kitchen presses and refrigerator to be labelled with a date of opening. The safe storage of these items was in –line with the provider’s protocols. Staff had documented evidence of regular cleaning of equipment which was also observed during the inspection, including the cooker. However, the extractor cooker hood was not included on any of the cleaning checklists at the time of this inspection. This was discussed with the staff during the inspection.

As previously mentioned this was a purpose built bungalow with wide hallways, large communal spaces and fully equipped bedrooms and en-suite facilities to support the assessed needs of residents attending for respite breaks. However, the storage space available was limited for some equipment which adversely impacted on the effective cleaning of floor spaces in some areas. These included the storage of infrequently used equipment in the staff bedroom. For example, a table was stored behind the wardrobe with evidence of dust build-up. Also, a shower table was being stored in the hallway near the staff bedroom. In addition, a number of boxes containing documents for archiving were being stored on the floor in the store room which directly impacted on the ability of staff to effectively clean the floor space.

During the walk about of the designated centre, the inspector observed adequate supplies of hand gel and other PPE. There was evidence of consistent adherence to the cleaning protocols and colour coding systems in place for the use of cleaning equipment. All areas of the designated centre were found to be clean and well ventilated. There were protocols in place to reduce the risk of legionnaires disease that were in-line with public health guidance. The provider and person in charge ensured regular checks were completed on equipment in use within the designated centre. However, the inspector observed damage to the exterior structure of the container being used to store the first aid supplies which impacted the effective cleaning of the first aid box.

The inspector was also shown the two dedicated transport vehicles that were available to the staff team. There was evidence of cleaning being completed and documented by the staff team. The internal surfaces on one of the vehicles were difficult to effectively clean. This issue had been identified by the staff team and a valeting schedule had been identified as an action in staff meeting notes.

Regulation 27: Protection against infection

Although some good practice was identified in relation to IPC measures in place in the centre, some areas of improvement were required to ensure that IPC practices and procedures were consistent with relevant national standards. These included;

- The systems in place for the ongoing monitoring of the expiry dates of PPE within the designated centre required further review.
- Damage to the first aid box adversely impacted on the effective cleaning of

the container.

- A number of first aid supplies contained within the first aid box had expired, for example, an eye pads had expired in December 2022.
- The storage of infrequently used equipment in communal hallways and the staff bedroom required further review.
- Storage of boxes of archived documents adversely impacted on the ability of the floor space in a storage room to be effectively cleaned.
- The frequency of regular cleaning of the cooker extractor hood required review.

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 Lavanagh House OSV-0008054

Inspection ID: MON-0040178

Date of inspection: 19/05/2023

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>The systems in place for the ongoing monitoring of the expiry dates of PPE within the designated centre required further review. All PPE has now been added to a stocktake/checklist which will be monitored weekly by the PIC.</p> <p>Damage to the first aid box adversely impacted on the effective cleaning of the container First Aid box has now been replaced.</p> <p>A number of first aid supplies contained within the first aid box had expired, for example, an eye pads had expired in December 2022. All out of date first aid supplies have now been replaced. A quarterly audit of first aid supplies will be completed and an action plan put in place to replace any upcoming out of date supplies.</p> <p>The storage of infrequently used equipment in communal hallways and the staff bedroom required further review. Some unused equipment has been removed. Changing bench will be removed by 01/07/23 Quotes for outside storage shed currently being requested as a long term storage solution.</p> <p>Storage of boxes of archived documents adversely impacted on the ability of the floor space in a storage room to be effectively cleaned. New shelving has been purchased for the store room. Will be installed by 01/07/2023. Plan in place for staff to complete archiving by 01/09/2023</p> <p>The frequency of regular cleaning of the cooker extractor hood required review.</p>	

Cleaning of the cooker extractor hood has been added to the cleaning checklist. Cleaning discussed at staff meeting on 16/06/2023.

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	01/09/2023