



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

Issued by the Chief Inspector

Name of designated centre:	Lisdarragh House
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	01 June 2023
Centre ID:	OSV-0008284
Fieldwork ID:	MON-0038357

About the designated centre

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

This centre provides full time residential care to five residents, and is located on the outskirts of a large town. Residents are supported by a team of nurses and healthcare assistants, and the centre is managed by a full time person in charge.

The centre is a split level house, and there are two sittingrooms, a kitchen dining room, a main bathroom and an office. Each of five residents have their own bedroom, and four of the bedrooms have ensuite facilities. There are large gardens to the front and side of the centre, and parking to the rear of the property. Residents can access a range of healthcare professionals, and are supported to attend day services, and activities of their choice in the community.

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
Thursday 1 June 2023	10:30hrs to 15:10hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed over one day, and the inspector had the opportunity to meet with two residents, and two staff members, and spoke to the assistant director of nursing over the phone. This was the first inspection of this centre, since the reconfiguration of a designated centres into two standalone centres.

The centre provided residential care to five adults on a full-time basis and was located on the outskirts of a large town. Residents attended day services, either on a full-time basis or on a sessional basis every day, depending of the preferences of the individual residents. Centre transport was provided so that residents could access community amenities, attend day services, or go on social trip of their own choice.

Due to a specific risk, the inspector was not able to access all parts of the centre; however, from a walkaround most parts of the centre, the inspector found the centre was homely and well maintained, and had recently been refurbished. For example, two rooms had been refurbished into a large kitchen dining room with a patio door, and access to the front garden. The staff told the inspector that this had made a significant impact on the residents wellbeing, for example, the room was brighter with better views, and one resident who had a particular interest in vehicles, really enjoyed sitting by the patio door watching the coming and goings to the front of the house. The inspector saw that when the resident came back to the centre, they immediately sat by the patio doors as was their preference, and appeared content in this space. Other parts of the premises had been upgraded for example, the sittingroom was redecorated, and garden furniture was provided, and as a result the centre appeared comfortable, homelike, and modern.

From speaking with one resident and meeting another resident, it was evident that residents felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. One resident showed the inspector a book they had written about the story of their life, and explained it included both their aspirations for life, and their experiences. The resident explained they were hoping to publish the book and they were being supported by a staff member from the day service to realise this wish. Another resident preferred not to verbally communicate with the inspector; however, was happy to allow the inspector to see their living space within the centre, which included their own bedroom, ensuite, and sittingroom leading out on to a large garden.

Some residents had specific interests, and attended day service on a sessional basis daily to work on these interests. Staff supported the residents following day service sessions, in the evening and at weekends to go to activities in the community. For example, residents had enjoyed meals out, liked going out for drives, had gone on day trips, they had enjoyed holidays the previous year, and were planning holidays over the coming months. There was an emphasis on exploring new opportunities

and experiences for residents, while respecting their preferences and interests in community events. For example, as mentioned above two residents had interests in modes of transport, and staff described how they had really enjoyed a day trip on a steam train, and an overnight stay in a converted double decker bus. Some residents were being supported with progressively accessing community amenities, in order to help them manage everyday situations they may find difficult.

Staff knew the residents well, and described the supports in place to ensure they had a meaningful day, and that they were cared for as appropriate. On the day of inspection, staff were observed to sensitively and efficiently provide care to a resident who became unwell, and described the support provided to a resident with an emerging healthcare risk on the day of inspection.

Residents were supported to maintain relationships with their families and either visited their families at home, or could phone families if they wished.

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 positively on the quality and safety of the service being delivered.

Capacity and capability

This was the first inspection of this centre. This centre had previously been registered as a unit of a designated centre, and an application to register this centre as a standalone centre was received by HIQA and subsequently granted in November 2022.

The provider had the resources and systems in place to ensure residents were provided with a good standard of care and support in line with their needs, and their expressed preferences, and high levels of compliance were found on this inspection.

There were sufficient staffing levels in the centre, and staff had the knowledge and skills to meet the specific needs of residents.

Recruitment was underway for a person in charge, and in the interim the arrangement for the director of nursing to act as person in charge, with the support of a clinical nurse manager in the centre was found to be satisfactory.

The provider had ensured the centre was monitored on an ongoing basis, and actions which arose through reviews meetings or auditing processes, were either complete on the day of inspection, or were progressing within the stated timeframes. The centre was effectively resourced to ensure the provision of care and support for residents, with adequate staffing, staff training and facilities.

Regulation 14: Persons in charge

The person in charge post had recently become vacant, and in the interim the director of nursing had taken up this post. The person in charge had the required experience and qualifications to fulfil this role. A clinical nurse manager 2 had been appointed in the centre, while recruitment for a new person in charge was underway. The clinical nurse manager divided their time between two centres, and worked an average of two and a half days in this centre.

The inspector found that adequate supports were in place to support the person in charge to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the staffing levels were in line with the needs of the residents and the statement of purpose. The staff comprised of nurses and health care assistants. There were three staff on duty during the day, and two staff in a waking capacity at night time. There were a total of one and a half nurse vacancies due to leave, and the provider had ensured a bank of regular agency nurses were employed in the centre. The inspector spoke with one agency nurse on duty on the day of inspection, who described some of the residents' needs and the support they required with their day to day life. In this regard, the inspector found the provider had appropriately responded to staff vacancies in the centre, ensuring residents were provided with continuity of care and support.

Planned and actual rosters were appropriately maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured the centre was resourced to meet the needs of the residents, and that the service provided to residents was safe, effective and was monitored on an ongoing basis.

There were sufficient resources in the centre in terms of staffing and facilities, and the provider had recently provided resources to refurbish some of the centre. For example, the kitchen and dining room had been renovated into one large room, and a new kitchen fitted, and an external patio door fitted. A number of rooms in the

centre had also been redecorated and painted.

There were systems in place to ensure residents were safe including the identification and management of risks in the centre, and monitoring the service provided to residents. For example, hygiene and infection control was audited on a quarterly basis, and the actions arising from a recent audit were either complete or in progress. For example, the review highlighted the needs for a bedroom door to be replaced and this had been completed, and pricing of a floor which required to be replaced had been submitted for approval to the provider. Monthly medication audits were completed, and from a review of three audits, one action had arisen and was completed on the day of inspection. Personal plans audits and monthly incident audits were also found to be complete.

As mentioned this centre was part of a two unit centre and had been established as a standalone centre in December 2022. A six monthly unannounced visit had been completed by the provider in November 2022. The inspector reviewed a sample of actions from this review and found these were either complete or due for completion within the coming weeks. For example, IPC audits were completed quarterly, monthly medicine audits were complete and signed by the manager, and monthly keyworker meetings were being completed. Two actions relating to staff training were not due for completion until the end of June 2023, including refresher training in person centred planning, and sexuality awareness in support settings.

Staff meetings were scheduled on a quarterly basis and a range of areas of practice were reviewed at these meetings, for example, infection prevention and control, fire safety, a review of residents' needs and staff training. The inspector reviewed minutes of the two meetings that had taken place since the centre was registered, and improvement actions identified in meetings were found to be complete on the day of inspection.

Judgment: Compliant

Quality and safety

The inspector found residents were provided with a good quality of care and support, which reflected their choices, and their needs. The team adopted a person centred approach, which respected the individuality of residents, while focusing the unique choices of residents into plans, to enhance their day to day experiences and opportunities.

Residents' needs had been assessed, and the wishes, needs, and preferences formed the basis for the development of personal plans with residents. Plans were regularly reviewed, and took into account recommendations made by general practitioners, and allied health care professionals. Residents were positively supported with their emotional needs, and the proactive support outlined in behaviour support plans were part of the day to day support residents received,

which helped promote their emotional wellbeing.

The wellbeing, safety and protection of residents was promoted through practices in the centre including the identification of risks, and responsive actions to issues such as safeguarding concerns, healthcare acquired infections, adverse incidents, and individual safety concerns. Staff were knowledgeable on the support needs of residents, as well as the control measures in place to mitigate the risk of harm to residents, visitors and staff.

Suitable measures were in place for infection prevention and control, and the provider had ensured systems were implemented to prevent the risk of transmission of infection, as well as responding to notifiable infections as they occurred.

Regulation 26: Risk management procedures

Risks in the centre were identified and managed appropriately, to reduce the risk of harm to residents, staff and visitors. The inspector reviewed a sample of risk assessments and found measures were implemented in practice. For example, residents at risk of choking had been assessed by a speech and language therapist, and a staff described the support plan in place to reduce this risk. Staff also described control measures in place for residents in line with road safety plans, skin integrity plans, and daily supports in line with behaviour support plans.

The inspector reviewed records of incidents in the centre for 2023, and residents had been given appropriate support at the time of some minor injuries. Where more significant incidents had occurred, follow up reviews had been provided with, for example, general practitioners, or allied health care professionals.

Judgment: Compliant

Regulation 27: Protection against infection

Satisfactory measures were in place to protect residents, staff and visitors from the risks of healthcare acquired infections. On the day of inspection the inspector observed that staff implemented contingency plans in response to a risk of a healthcare infection, and staff described the actions they took to ensure the risk was appropriately reported, transmission based precautions were implemented, and self-isolation procedures were put in place. Healthcare plans were developed and detailed the care to be provided to residents in the event of them acquiring Covid-19.

The centre was observed to be clean and well maintained, and regular cleaning of the centre during the day and at night was recorded as complete in cleaning

records. The centre vehicle was also cleaned twice daily.

Suitable arrangements were in place for food safety and the area for food preparation and storage was observed to be hygienically maintained. Colour coded chopping boards were used for preparing different food types.

There were suitable arrangements in place for the disposal of waste including clinical and general waste, and pedal bins were available throughout the centre. There were sufficient supplies of personal protective equipment (PPE) and staff were observed to wear FFP2 masks and face masks in response to the identified risk at the time of the inspection.

Wall mounted hand sanitiser units were installed throughout the centre, and there were satisfactory facilities for handwashing. Residents clothes were laundered separately.

Staff had been provided with up-to-date training in IPC including the following;

- Hand Hygiene
- Standard Precautions,
- Infection Prevention and Control basics
- Respiratory Hygiene
- Personal Protective Equipment
- Food Hygiene
- Donning and Doffing PPE
- Aseptic Technique
- Cleaning and Disinfecting the healthcare environment and patient equipment
- Outbreak prevention and management
- Management of blood and body fluid spills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and there were arrangements in place to ensure these needs were met.

The inspector reviewed records for three residents, and found residents had up-to-date assessments of their health, social and personal care needs. Assessments took into account the wishes and preferences of residents, and assessments by staff, residents' general practitioner, and allied health care professionals.

Personal plans were developed in consultation with residents and their families. For example, an annual review meeting was held with individual residents, staff and their family members, and the details of personal plans including goals were discussed at these meetings. Personal plans set out the preferences of residents and the support they wanted and needed to meet their specific needs. For example,

intimate care plans, detailed the preferences of residents in meeting their personal care needs. Health care plans were found to guide practice and staff were knowledgeable on these plans, for example, a staff member was observed to provide care to a resident specific to their healthcare plan. The staff member also described some of the healthcare risks for residents, and the healthcare supports in place to mitigate the potential risk of harm for residents.

Residents were supported to develop personal goals, and the steps needed to help residents achieve their goals were set out in personal plans. The progress of goals were tracked on a monthly basis, and the inspector found overall residents had been supported to achieve their goals. There was a focus on enhancing residents interests, and experiences in the community, for example, some of the residents had specific interests in difference modes of transport, and had enjoyed going on a steam train, and to a truck show. Staff also told the inspector about three residents who had stayed overnight in bus which had been converted into a holiday home, and that residents had really enjoyed this experience.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and could access the services of a psychiatrist, and behaviour specialist. The inspector reviewed three behaviour support plans, which were up-to-date and described the functions of behaviour, and the proactive and reactive supports to help residents manage their emotions and to keep them safe. Where required, the use of PRN (as needed) medication, to support residents during times of distress, formed part of reactive strategies, and the circumstance for use of PRN were clearly set out in protocols and signed by the general practitioner.

Judgment: Compliant

Regulation 8: Protection

Residents were protected in the centre, and where safeguarding concerns had arisen, the provider had reported and responded to these concerns appropriately.

There had been some notifications made to HIQA reporting safeguarding concerns. The inspector discussed the current safeguarding measures with two staff members, and staff described these measures to mitigate the potential risks to residents. There was currently one safeguarding concern open, and this had been reported to the safeguarding and protection team. The inspector discussed the progress of this concern with the assistant director of nursing, who described the actions that were

under way to investigate this concern.

All staff had been provided with up-to-date training in safeguarding.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant