



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:	Short Notice Announced
Date of inspection:	08 April 2021
Centre ID:	OSV-0001517
Fieldwork ID:	MON-0031750

About the designated centre

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

This is a neuro – rehabilitation service providing 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 number of large town and villages. The house is a large detached bungalow. It consists of a large, well-equipped kitchen cum dining room (including a homely TV space), 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 (some en suite), which are personalised to their style and preference. The house is staffed on a 24/7 basis 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:	3
--	---

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 - 2015 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 8 April 2021	09:45hrs to 15:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection took place in manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing, and the centres' staff team was supporting residents in a way that promoted their views and rights.

The inspector had the opportunity to speak with two of the three residents that were in the centre on the day of inspection. The other resident chose to engage in their preferred activities. All residents were observed to be comfortable in their surroundings and were supported by a staff team that were familiar to them and aware of their needs.

Both residents that met with the inspector expressed that they were happy with their home and the service that they received. One of the residents spoke to the inspector about the social activities they partook in and informed the inspector that these activities were on hold due to current COVID-19 restrictions. The activities included being part of a local sports team and social clubs. The resident spoke to the inspector about the COVID-19 pandemic. Fitness equipment had been purchased for the centre, and the resident spoke about using this and also playing sport with staff in the centre's garden. The resident also spoke of their family and that they would have before restrictions gone home regularly.

The inspector met with a second resident who chatted with the inspector about their past and their family. The resident spoke of their preferred activities, stating that they liked to get out with the support of staff. The resident was again before COVID-19 active in their local community attending groups and was supported to engage in sporting activities of their choosing.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two family members; both spoke positively of the service being provided to their loved ones. The family members referenced being able to meet with their loved ones in the centre's garden in recent days and that this had been a positive experience. They expressed that they were kept informed regarding the care being provided to their family members and that they could, before COVID-19, visit the service whenever it suited. Both family members spoke positively of the management and staff team and of the positive outcomes that had been achieved by their loved ones.

A review of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Residents were supported to develop

their independent living skills. The review of information and discussions with residents and staff members also demonstrated that when possible, residents were supported to be active members of their community.

A review of regular resident meetings demonstrated that the rights of residents were being discussed and that residents were supported to exercise choice and control over their daily lives. A further appraisal of the information established that residents were being communicated within an age-appropriate manner and that they were consulted with regarding aspects of the running of the designated centre.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

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

Overall, residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

The management team had ensured that there were appropriate arrangements in place to ensure that service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents and developing their independent living skills. For example, there were monthly audits being completed that were comprehensive and captured areas that required improvement. The provider had also ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

The provider was in the process of supporting a resident to transition into the centre. The resident had recently been supported to visit the centre before their planned admission. There was a transition plan in place that had been developed to support the resident through the transition. Weekly zoom meetings were scheduled over a four-week period where the new resident would be supported to meet the staff team and review their contract of care. The provider had identified that additional staffing was required and was in the process of sourcing new roles.

The provider had ensured that residents were receiving continuity of care and that staffing levels and qualifications were appropriate to the number and assessed residents' needs. There was a consistent staff team in place that was observed to know the residents well and support them appropriately. The provider and the centre's management team had also ensured that there were effective

arrangements in place to support, develop and performance manage the staff team.

Staff members were receiving appropriate training, including refresher training. The training needs of the staff team were being reviewed as part of the monthly audits, and this had ensured that all training needs were being met. Along with mandatory training, the provider had also developed a suite of service-specific training to aid the staff team in supporting the service users.

Staff members were also receiving regular supervision from the management team. A review of a sample of these showed that supervision was being used to develop learning and that it was also used as an opportunity where staff members could raise concerns or issues if required.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations. There were also systems in place to respond to adverse incidents.

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 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose, and function of the residential service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured that there were appropriate admission processes in place.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications as per the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and sought to support them to develop independent living skills and engage in activities of their choosing.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centred and reflected the changes in circumstances and new developments for residents.

A review of residents' information demonstrated that there were strong practices regarding supporting residents to plan and achieve person-centered goals. Goals had been set that were focused on developing residents' independent living skills, and the reviewed information demonstrated that these goals were part of residents' daily routines. Residents also had access to appropriate health care professionals. Their health care needs were under review and documented, along with the supports required to promote their physical and mental health.

There were arrangements in place that ensured that residents had access to positive

behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. The support plans were focused on identifying and alleviating the cause of residents' behaviours. There were restrictive practices in place under regular review and had been implemented to support residents and ensure their safety.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. The staff team had also received appropriate training in relation to the safeguarding of residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. There was an active risk register in place that captured the environmental and social care risks present in the centre. Residents' risk assessments were detailed and were linked to their support plans. These assessments were being reviewed and updated if required. The inspector found that when possible positive risk-taking was being promoted to support residents to engage in their preferred activities as well as promoting their independence.

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lighting. Fire drills were taking place in the centre regularly, and the provider had displayed that they could safely evacuate residents. The inspector also found that the provider had ensured that personal emergency evacuation plans were in place.

Overall, residents were receiving a service that was tailored to their needs and was promoting their rights.

Regulation 10: Communication

The person in charge and staff team had ensured that all information was formatted and presented in a manner that was appropriate to the information and communication abilities of each resident.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were encouraged to work out a structure of their daily lives that best reflected their goals, activities, and needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care
The provider had ensured that the residents were receiving or being offered appropriate healthcare.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had ensured that the residents were receiving or being offered positive behavioural support.
Judgment: Compliant
Regulation 8: Protection
The provider had ensured that there were suitable systems in place to respond to safeguarding concerns.
Judgment: Compliant
Regulation 9: Residents' rights
Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.
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 - 2015 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 9: Residents' rights	Compliant