



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

Issued by the Chief Inspector

Name of designated centre:	Lir House
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 April 2022
Centre ID:	OSV-0004904
Fieldwork ID:	MON-0035855

About the designated centre

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

Lir House is located in close proximity to a small town in the midlands and provides care and support to five adults with disabilities. The centre comprises one detached bungalow with five bedrooms, a fully furnished kitchen/dining area, a sitting room and two communal bathroom/shower facilities. It is staffed on a 24/7 basis by a full-time person in charge, a team of staff nurses and a team of care assistants. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private parking available.

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
Friday 1 April 2022	10:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. During the course of the inspection, the inspector met residents and staff and had an opportunity to observe the everyday activities of residents in the centre.

This centre was nicely decorated and well appointed, and it was evident that all efforts had been made to ensure a safe and person centred environment for the residents who lived there, together with adhering to public health guidelines to ensure that residents were protected in relation to any public health risk.

On arrival at the centre the inspector observed that infection control practices were in place. Hand hygiene and personal protective equipment (PPE) facilities were immediately available and visitors were asked to take their temperature, and to adhere to public health guidance.

The inspector conducted a 'walk around' of the centre. All areas of the centre were visibly clean, and hand hygiene facilities were readily available. There were various communal indoor areas and a spacious back garden, with an outside storage facility for cleaning equipment and PPE. A pleasant kitchen and dining area was shared by residents, together with a nicely furnished living room. Each resident had their own bedroom.

Residents agreed to the inspector visiting their bedrooms. Each room had been decorated as the resident chose, and furnishings had been selected by them. Various personal possessions reflecting the interests of each individual were evident. Each room was spotlessly clean, and staff described how they managed to maintain good standards of hygiene together with residents. There were two bathrooms and one of the residents had a sink in their room. All these facilities were clean and had hand hygiene products and appropriate waste disposal.

Staff were seen to be adhering to the current public health guidelines throughout the inspection. Some residents were being assisted by staff to prepare for their day, and others were relaxing in their rooms or in the communal living areas. Some residents went out, either for walks or shopping events, some of which were in preparation for forthcoming trips. Others were observed to be making full use of their home, and engaging in home-based activities and snack preparation. Examples of residents' hobbies and personal effects were evident throughout the house.

Staff explained how they had supported residents throughout the public health crisis, both with maintaining high standards of hygiene, and with supporting people with public health measures including mask wearing and social distancing. They also explained how they had supported people to maintain their hobbies and interests in different ways during community restrictions, and how the lifting of restrictions had opened up community access again. Residents were observed by the inspector to be

following the lead of staff, and to be familiar with basic hygiene requirements, for example, holding out their hands for staff to apply hand sanitiser.

Easy read information had been prepared and made available to residents, including information about COVID-19, the restrictions that had been in place during the public health crisis, hand hygiene, staying at home, and 'What happens if you get the virus'. There was also a guidance document in relation to additional hygiene precautions, including, for example, laundering of soft toys and items used for hobbies and interests.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with infectious disease, and that the provider had ensured that the environment and facilities were maintained in optimum condition.

The provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge, who was well supported by the area manager. The person in charge attended the inspection despite being off duty on the day, and the area manager attended for the feedback meeting at the close of the inspection.

Required actions identified in the previous inspection relating to renovations to ensure access to bathrooms for all resident had been completed, and each resident had easy access to bathroom facilities.

Various management strategies were evident in relation to the recent pandemic, including a regular 'COVID-19 Pandemic Teleconference' which was a regular quality assurance meeting for all designated centres in the region. Discussion at these meetings included the most recent public health guidance, the use of PPE, testing and vaccination. 'Chronology reports' which were a detailed examination of any outbreaks in designated centres in the area were discussed, and any learning was shared. A question and answer session had been facilitated on several occasions to ensure staff had a clear understanding and they also had the most up to date information. The records of these meetings were made available to the inspector, and were found to be a meaningful method of communication and monitoring.

A detailed site specific contingency plan had been developed which considered all eventualities in the event of an outbreak of an infectious disease. It was divided into three sections, a planning phase, an 'activation phase' and an outbreak recovery phase. There had been an outbreak of COVID-19 in the centre, and it was clear

from the records reviewed, and from discussion with staff and the person in charge, that this contingency plan had been implemented, and that residents had been supported to have good outcomes.

Following the outbreak, a detailed review had taken place which examined the actions taken and their effectiveness, and this had been shared throughout the area. This document entitled 'Shared Learning Points' looked at what had gone well, what could have been improved, and what lessons were learnt. This meant that should a similar event take place again, staff had the knowledge to implement effective strategies to minimise the risk of infection.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to visitors, IPC, hand hygiene, decontamination, laundry and waste disposal.

Staffing numbers and skill mix were appropriate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. This had been maintained throughout the outbreak, as outlined in the contingency plan. In accordance with the assessed needs of residents, there was always a nurse on duty, both day and night. In addition, staff had regular contact with an IPC nurse practitioner.

Staff had been in receipt of all mandatory training, including training relating to the current public health care situation. Training records reviewed were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene. In addition, the person in charge maintained a training audit, which included oversight of regular updates for all staff. Fitting appointments for FFP2 masks had commenced.

A clear roster was maintained, and on each shift, amongst other tasks, a member of staff was assigned the responsibility to ensure regular cleaning of 'high touch' areas. A daily 'handover' was attended by the person in charge, this handover included a verbal report, a walk around the centre, and documentation of any updates. There was a communication book which staff were required to read when coming on duty. In addition there was a system whereby staff were immediately informed of any changes to public health guidance via instant messaging.

Staff supervisions were up to date, a schedule was maintained by the person in charge and IPC issues were a standing item for discussion. Any agency staff rostered to the centre were also in receipt of supervision conversations.

There was a clear complaints procedure in place and residents knew how to make a complaint. A complaint made by a resident during community restrictions about their normal activities had been well managed, and all efforts had been made to find an alternative, to the satisfaction of the complainant. In addition, the person in charge had advocated on behalf of residents to look for an acceptable alternative to replace day services which had been suspended.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plan included a section on prevention and management of infectious disease, together with detailed healthcare plans based on the individual needs of each resident. These plans had been developed in conjunction with appropriate healthcare professionals, and provided sufficient guidance for staff to ensure the best outcomes for residents.

Where residents had specific healthcare needs, or the requirement for healthcare related equipment, the records indicated that appropriate hygiene and infection control measures were in place. Equipment was well maintained and regularly cleaned, and staff spoken with were knowledgeable about these requirements.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

It was evident from a review of person centred plans that significant efforts had been made to ensure a continuing quality of life throughout community restrictions. Various changes to daily activities had been successfully introduced, and it was clear that staff had made significant efforts to ensure the continuation of hobbies under difficult circumstances. Some hobbies had been continued online, or through interactive tv, and some of these had been so successful that residents were choosing to continue in this way.

Contact with friends and families had been maintained, for example by video calls. Significant learning had taken place, and adjustments were ongoing as to the preferences of residents, including a rethink about the amount of time spent outside the home. Personal goals for residents were under constant review, and while some people were eager to engage in outings and trips, others were choosing alternatives to their previous routines in relation to attending day services.

The inspector had a discussion with members of staff on duty on the day of the inspection, and staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life of residents. They could describe in detail the support needs of each resident, both during the outbreak, during the community restrictions, and currently with a return to more normal activities.

Cleaning had been identified as a priority by the provider, and there were multiple examples as to how this had been implemented. Regular cleaning records were maintained, and the inspector reviewed records of regular cleaning of the house, the vehicles and the personal items of residents.

During the recent outbreak, stations for donning and doffing of PPE and hand sanitising had been identified and implemented, and staff could describe the steps

taken to maximise the safety of residents, and to ensure their comfort and wellbeing.

Regulation 27: Protection against infection

Overall the provider had put in place systems and processes that were consistent with the national guidance and standards and had supported staff to deliver safe care and maintain a good level of infection prevention and control practice.

Strategies were in place for the management of an outbreak of an infectious disease, and this strategy had been implemented so that residents remained comfortable during the outbreak, and that adverse effects were kept to a minimum.

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	
Quality and safety	
Regulation 27: Protection against infection	Compliant