



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

Issued by the Chief Inspector

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| 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: | 12 August 2022 |
| Centre ID: | OSV-0001517 |
| Fieldwork ID: | MON-0035854 |

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 a large detached bungalow situated close to the nearest town. 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 who support the residents in meeting their assessed rehabilitative, social, and healthcare needs.

The following information outlines some additional data on this centre.

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| 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 12 August 2022 | 10:00hrs to 16:00hrs | Julie Pryce | Lead |

What residents told us and what inspectors observed

This 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 visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The centre was a large and spacious home for five residents, each of whom had their own bedroom. The house was nicely furnished and equipped, and had a pleasant outside garden area. It was evident that residents were being supported to engage in activities according to their preferences, and that there were familiar staff on duty to support them.

On arrival it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available in the front hallway, including hand sanitising equipment and masks available in this station. Visitors were asked to comply with current guidelines during the visit to the centre, and visitor screening forms were completed and maintained.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean throughout, and hand hygiene facilities were readily available. There were various spacious communal areas, including a large kitchen dining area and a further sitting and games room. Residents were engaged in various activities in the home, and were assisted by staff to consent to the inspector visiting their home and having a look around.

Residents appeared to be content and occupied, and were engaged in various activities when the inspector arrived. Some residents had a chat with the inspector, and invited them to see their personal rooms. All the rooms were personalised, and items relating to hobbies and favourite possessions were evident. Art and crafts items which had been created by residents were displayed.

Residents showed the inspector some of their hobbies, both inside and outside the house. Residents had been involved in creating a sensory garden with raised flower beds and garden ornaments. This project had been introduced during community restrictions, and was being continued by residents with the support of staff. Residents were seen to look to the staff for support, both in having conversations, and in their morning activities.

Communication with residents had been prioritised, and various ways of communicating were evident. There was easy-read information readily available to residents throughout, and where residents did not have English as a first language, lessons were offered, and an interpreter was available. Residents had made

significant progress in both understanding and speaking English.

Some residents who had contracted COVID-19 during the pandemic could describe their experience of this, and spoke about how they had managed self-isolation with the support of the staff, and described activities that had been available to them during that time.

Staff described the steps that they had taken throughout the public health crisis, both in protecting residents and in managing an outbreak when it did occur. Residents had been supported to access different areas of the garden whilst self-isolating, and all efforts had been made to ensure that they were comfortable and occupied.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with an outbreak of infection. 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. The person in charge was on leave at the time of this inspection, and the team leader was responsible for the management of the centre in their absence.

Within the organisation there was a named infection, prevention and control (IPC) lead with responsibility for matters relating to COVID-19, and a senior management team with responsibility for oversight. Within the centre the team leader was the designated IPC lead.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to various aspects of IPC, including waste management, visitors and cleaning protocols. The guidelines did not include information to staff on the management of spills, such as blood spills, but otherwise provided detailed information, and were in line with current public health guidelines.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, and which had been implemented when there was an outbreak in the centre. The information was current, and staff were familiar with the information included in the plan.

The required self-assessment had been completed, and there were appropriate risk assessments and management plans in place, including individual risk management

plans for each individual resident.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. The outbreak had been well managed, and staff could describe the steps they had taken to ensure the comfort and well-being of residents, and to prevent the spread of infections. A formal written post outbreak review had not yet been completed as the outbreak occurred recently, but records had been maintained, and post outbreak discussions had been undertaken. The team-leader and the staff outlined to the inspector the steps that they had taken during the outbreak, and it was clear that the contingency plan had been implemented, and that all public health guidance had been followed. There was evidence that a deep cleaning of the centre had been undertaken following the outbreak, and that ongoing cleaning was monitored.

An annual review had been prepared in accordance with the regulations, and the views of residents and their families or representatives had been sought and included. An overview of the management of the pandemic was included. Six-monthly unannounced visits on behalf of the provider had been undertaken, and some minor actions in relation to IPC had been identified during this process. These actions had been completed promptly.

Staffing numbers were appropriate to meet the needs of residents, and had been successfully maintained during the recent outbreak. There was a varied skill mix amongst the staff team, in accordance with the range of needs of residents. The staff team were familiar to residents, and all staff engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC. Staff had been in receipt of all mandatory training, including training relating to IPC.

Regular team meetings were held, and these discussions included the current public health situation and up to date guidelines, activities for residents and the management of stocks of personal protective equipment (PPE). Staff were kept up to date via these meetings, and by regular management communications.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included an individual risk assessment including guidance as to the management of prevention of infectious disease, including for example, vaccination and self-isolation if required.

There had been an outbreak of COVID-19 in the centre, and these personal plans and risk assessments had been implemented.

Where residents required positive behaviour support, there were detailed support plans in place. Some behaviours posed a significant IPC risk in the centre, and the

support plans addressed these issues. Staff were very familiar with the guidance in the plans, and could describe the implementation of the guidance. Particular challenges during the recent outbreak posed by these behaviours had been prioritised, and it was clear that all efforts had been made to minimise the risk, and that the interventions had been successfully implemented.

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, and included communication needs and support requirements.

Both staff and residents spoke about the various activities that had been introduced and enjoyed, both in community restrictions, and again during the recent outbreak in the centre. Residents described their music playing, and showed their art projects. As previously mentioned, and sensory garden had been developed, and in addition, there were various seating areas in the gardens to support the self-isolation of residents when this was required.

Communication with residents had been prioritised, and residents meetings were held whereby issues relating to IPC were discussed. Various issues including the vaccination programme, activities and current public health guidelines were discussed at these meetings.

The centre was clean and hygienic throughout, with one or two minor exceptions. There was a multiple use nailbrush in one of the bathrooms, which was inappropriate in a shared bathroom, even though staff explained that only one resident used the nailbrush. The grouting in the lower half of one of the shower areas required attention, as it was stained unsightly, and therefore not easily to ensure that it was clean. However, all other areas were clean, and regular cleaning schedules were implemented and recorded, including regular cleaning of 'high touch' areas.

There were sufficient stocks of PPE in the centre, and a regular stock control management system in place. Staff described in detail the management of donning and doffing of PPE during the recent outbreak in the centre, together with other additional precautions that had been implemented at that time.

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 has 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 practices to prevent and manage any outbreak were evident.

However, some issues required attention as follows:

- there was no guidance to staff on the management of spills of bodily fluids
- there was a multiple use nailbrush in one of the bathrooms
- there was discoloured and stained grouting around the lower half of one of the shower areas.

However, the good practices throughout the centre meant that the risk to residents from any infectious disease was minimal.

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 Lisrath OSV-0001517

Inspection ID: MON-0035854

Date of inspection: 12/08/2022

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 registered provider has actioned this by:</p> <p>The nailbrush has been discarded and same replaced with a checklist for the nailbrush to be steeped in disinfecting solution, a new nail brush is purchased every month. We received clarification that only client is using the nailbrush. The cleaning checklist of same has been rolled out to the team and is monitored by TL and LSM.</p> <p>The discolored and stained grout in the bathroom has been cleaned and a checklist for same has been compiled and rolled out to the team. Once the task has been completed staff tick, date and sign off. This is carefully monitored by TL and LSM does regular inspections also.</p> <p>Guidance on the management of Spills of body fluids was brought to the attention of senior management and this was reviewed at an organizational level. There is now an updated infection prevention and control training for all staff including guidance on the management of spills of body fluids. We have ordered a blood spillage kit for the service and all staff have been enrolled in relevant training.</p> | |

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 | 12/10/2022 |