Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Lios na Greine
Name of provider:	Health Service Executive
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	19 July 2022
Centre ID:	OSV-0002566
Fieldwork ID:	MON-0034987

About the designated centre

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

The designated centre provides 24-hour nurse-led residential care and currently accommodates five adults, with intellectual disabilities. The building is a large detached bungalow on a private site. There is a lobby area and a spacious hallway on entering the house. There are five bedrooms, one of which has an en-suite bathroom. One resident has the exclusive use of a bathroom next to their bedroom, with three other residents sharing a communal bathroom. There are two sitting rooms, one which includes a dining area. There is a kitchen and utility room and an office next door to it. There is a large room for activities and just off this area is a storage room and a staff toilet. There is a large fenced garden out the back of the house with summer furniture and an unused garden shed. The centre is located near a large town, and there are transport facilities for residents to access amenities in the town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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
Tuesday 19 July 2022	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead
Tuesday 19 July 2022	09:30hrs to 16:00hrs	Sarah Barry	Support

What residents told us and what inspectors observed

This service was previously inspected in August 2021. That inspection identified that some areas required improvement. This most recent inspection found that the provider had responded to the specified actions, and progress had been made to the service provided to each resident.

Inspectors did not have the opportunity to interact with the residents and speak to them regarding the quality of the service being provided to them. The residents communicated non-verbally and chose to engage in their preferred routines. The inspectors did observe the residents relax in different parts of their home and appear comfortable. One of the residents also showed the inspector their bedroom with the support of the person in charge.

There was evidence to show that since the lifting of restrictions, residents had been supported to re-engage in community activities such as attending a festival, going out for food and coffee and visiting family members. This marked an improvement when compared to the previous inspection. The residents had also been supported to choose and work towards completing social goals built around their strengths and needs. This was also an improvement when compared to the previous inspection.

Before the inspection, residents' family members were requested to give feedback on the service being provided to their loved ones. Two out of the five families returned the questionnaire. An appraisal of these found that the family members who responded were happy with the service.

There was a significant staff presence each day to meet the residents' needs. Residents were provided with one–to–one support on a twelve-hour basis. The level of support was necessary due to the complex needs of each resident. On the inspection day, two residents were being supported separately to engage in planned community activities. Other residents went for walks in the countryside near their home and went out with staff members to drive and run errands. The inspectors also noted that a resident engaged in household tasks with staff support. The resident appeared happy to engage in the activity. The inspectors observed warm and considerate interactions between the residents and the staff members. Staff members were aware of the residents' likes and their preferred routines.

Overall the findings from the inspection were positive. There were, however, some areas that required attention. These included staff training, ensuring that each resident had access to appropriate support and issues regarding infection prevention and control (IPC).

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

This inspection found that there was an appropriate management structure. This was led by a person in charge, who was supported by a team of staff nurses, social care workers and care assistants. There were also arrangements where a member of the provider's senior management team was supporting the person in charge and reviewing completed audits. An inspector reviewed a sample of these audits and found them to be comprehensive. They were identifying areas that required improvement, and action plans had been set up to address these. The provider had completed the necessary reviews and reports as per the regulations. Again action plans had been identified following these, and there was evidence of the actions being addressed promptly.

As noted above, a large staff presence was needed to support the residents. The provider had ensured that the skill-mix and number of staff were appropriate to meet the needs of the residents. A review of current and archived staffing rosters was completed. There was a consistent staff team that four consistent agency staff members supplemented.

There was a system in place to track and review the training needs of the provider's full-time staff. A review of the records showed that the full-time staff had been provided with the necessary training. The provider was ensuring that trained staff were on shift each day. However, an inspector found that some of the agency staff had outstanding training in areas such as basic life support, training in the management of behaviour that is challenging and fire safety training. An inspector sought records of the last time the staff members had completed this training. The person in charge and the provider could not provide this information on the inspection day. These staff members worked with the residents regularly. Still, the provider did not have adequate assurances to demonstrate that the agency staff members had completed the necessary training.

A review of records showed suitable systems for recording and managing complaints. It was found that complaints had been raised on behalf of residents by members of the staff team. These complaints had been reviewed and responded to appropriately.

In summary, the inspection found that some areas required attention but that overall, the provider and person in charge had improved the service provided to residents.

Regulation 14: Persons in charge

The person in charge had the relevant qualifications, skills and experience to

manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The review of training records showed that there was outstanding training for some agency staff. Furthermore, the provider and person in charge did not have records demonstrating when these staff last completed the training. This was not appropriate.

Judgment: Substantially 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. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information as per the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the Chief Inspector as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

This inspection found that, for the most part, the residents were receiving a service that was meeting their needs. There was one area that did require increased input. Some of the residents required support from a Speech and Language Therapist (SLT). The provider had been unable to source this for the residents. The inspection also found that there were improvements required to the management of IPC risks.

The person in charge during the inspection informed inspectors that they were experiencing challenges in sourcing an SLT for residents. There was evidence of the person in charge and the provider working towards arranging this therapeutic input for the residents. Still, there had been significant delays in sourcing this. The provider, on the day of inspection, had, as a result, not ensured that arrangements were in place to meet the needs of all residents.

Inspectors did find, as noted earlier, that there had been improvements regarding the assessment of need and delivery of care and support in other areas. Residents had been supported to identify social goals that were person-centred, realistic and achievable. Residents who had previously been reluctant to engage in new activities were now doing so, and there was a greater effort to support all residents to engage in activities outside their home.

A sample of residents' information was reviewed, and this found that care plans had been devised that outlined the residents' strengths and areas they required support. These plans were under regular review and gave clear direction on how to best support each resident.

The review of residents' records also demonstrated that the healthcare needs were

being met. Residents' health was under constant supervision. Furthermore, they were supported to attend required appointments. The person in charge also organised alternative arrangements for some residents unwilling to attend appointments. The person in charge was planning for some allied healthcare professionals to visit the residents in their home to promote the best outcome for the residents.

There was evidence of the staff team and the person in charge seeking to promote and support the rights of each resident. In some cases, staff members had acted as advocates for residents, and as noted above, the person in charge was seeking to source the required support for each resident. Residents were also, as much as possible, supported to engage in their preferred activities and routines with the support of their staff.

The residents presented with behaviours that challenge, some doing so frequently. The residents were under the review of the provider's multidisciplinary team. Behaviour support and risk assessments have been developed to guide staff in preventing and responding to behaviours if they occur. Restrictive practices were in place to maintain the safety of the residents. These practices were under review and were only utilised when necessary.

A range of risk assessments were developed that captured environmental, health, and social care risks. These were under regular review, and the control measures that had been devised were proportionate to the identified risks. Adverse incidents were under review by the centre, provider's management teams, and staff at team meetings. This promoted learning and focused on reducing the occurrence of incidents.

The provider had ensured arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Notwithstanding these measures, infection control risks had been identified by the provider and an inspector. There was damage to the surfaces of a chair in one of the sitting rooms and to another chair in an activity room. The surface damage meant the areas could not be effectively cleaned. There were other IPC concerns. For example the grouting in a bathroom required replacement as it could not be appropriately cleaned. The person in charge had identified these areas before the inspection and was working towards addressing them.

Reviewing information and observations assured inspectors that the provider had effective fire safety management systems. The provider demonstrated through fire evacuation drills that residents could be safely evacuated under day and night scenarios. Firefighting equipment was appropriately serviced, and procedures were in place to review fire containment measures weekly.

Overall, there were systems in place that were ensuring that a safe service was being provided to the residents. There were some improvements required but the provider was taking steps to address them.

Regulation 13: General welfare and development

Residents were facilitated and encouraged to engage in activities aligned with their interests, capacity and developmental needs.

Judgment: Compliant

Regulation 17: Premises

Since the last inspection, the provider had ensured that improvements had been made to the exterior and interior of the resident's home. The resident's home was clean and well maintained.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for managing healthcare-associated infections. However, it was noted that the damage to the surfaces of a chair in one of the sitting rooms and to another chair in an activity room. The surface damage meant the areas could not be effectively cleaned. There were other IPC concerns. For example, the grouting in a bathroom required replacement as it could not be appropriately cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that adequate fire safety management systems were in place. There were also reviews completed on a regular basis to ensure that the systems were maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of the residents' needs had been completed. These identified that for some residents, there was a need for an SLT. While this had been determined, the provider had yet to source this resource. Therefore, at the time of the inspection, the provider could not meet each resident's identified needs.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

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 (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 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lios na Greine OSV-0002566

Inspection ID: MON-0034987

Date of inspection: 19/07/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Agency staff regularly employed in the Centre have submitted all outstanding training certificates. The PIC has reviewed the training matrix and included the names of regular agency staff onto the training matrix to ensure oversight and governance of all rostered staff . Agency staff training records are now managed in line with HSE staff members.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has contacted an Occupational therapist for advice and guidance regarding two specialized chairs that require replacing. Both chairs have been reviewed by the Occupational therapist and an order has been placed for two new chairs. Due to specialised nature of the the chairs there is a waiting time for delivery. Expected date for delivery is on or before 28th October 2022. In the meantime a risk assessment is in place and the freuquency of cleaning has been reviewed to mitigage or reduce any possible infection risk. Grouting in the bathroom has been replaced on 02-08-2022. A grout check in all bathrooms has been added to the cleaning schedule and IPC monthly audit to ensure identification of any further issues in a timely manner.	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: SLT services for communication and sensory requirements has been sourced for all five residents in Lois Na Greine, a full assessment of need has been scheduled for 9/9/22 for all residents.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	25/07/2022
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	28/10/2022

Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	09/09/2022