

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Lisrath
<b>Centre ID:</b>	OSV-0001517
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peter Bradley Foundation Limited
<b>Provider Nominee:</b>	Donnchadh Whelan
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From: 28 June 2017 08:30 To: 28 June 2017 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was a follow up inspection to finalise and progress the registration status of the centre. The original registration inspection had taken place in November 2015. At that inspection, one major non-compliance was identified in relation to fire safety. This was resolved in August 2016 when the provider submitted an updated action plan, which demonstrated that these actions had been addressed.

In order to progress the registration of the centre a further follow up was undertaken in February 2017. However, major non-compliances in governance and safeguarding were identified at that inspection and an immediate action plan was issued to the provider in respect of these findings.

In response to this, the provider was required to attend a meeting with HIQA on 10 April 2017 and to provide assurances that the failings would be addressed. The provider's response to the actions required by that inspection was detailed and satisfactory.

How we gathered our evidence:

The inspector met with and spoke with four residents. They expressed their satisfaction with the service and were very complimentary to the supports given to them by staff in their rehabilitative programmes.

Residents said that staff had supported them to make complaints and they spoke of the various progress and changes they had made in their lives. They said they were satisfied with their medical care, access to the community and other supports necessary for them were made available. They said they were fully informed of all matters relating to their healthcare needs.

The inspector also met with the person in charge, team leader, clinical and rehabilitative staff, observed practices and reviewed documentation including personal plans, medical records, accident logs, policies and procedures and staff files. All information submitted to HIQA since the previous inspection was also reviewed.

All actions required following the previous inspection were examined and all had been satisfactorily resolved. Ten of the core outcomes required for registration were reviewed.

Description of the service:

The statement of purpose states that the centre is designated as a centre for adults, both male and female with acquired brain injuries, which will provide neuro-rehabilitative support for people to live meaningful lives. The premises is a single story dwelling in a rural location and suitably equipped and adapted to meet the residents' needs.

Summary of our Findings:

The inspector found that significant changes to the systems for implementation of rehabilitative and behavior support plans and systems for oversight in the centre had been made by the provider and person in charge. This resulted in positive outcomes for the residents, the details of which are described in the report. Governance systems were clearly defined and effective.

Continued good practice was found in :

Healthcare and medicines management, which promoted residents wellbeing (Outcomes 11 & 12)

Consultation with residents and access to social activities, which supported residents' rights and lifestyles choices (Outcomes 1 & 5).

Risk management systems were satisfactory which protected residents' overall safety (outcome 7)

Safeguarding systems were robust which protected residents' integrity and well-being (outcome 8)

Access to specialist clinicians was available which promoted residents mental health and rehabilitative needs (outcome 8)

The were no actions required.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

This outcome was not discussed in its entirety but the inspector was satisfied that the actions identified on the previous inspection had been addressed. This was confirmed by the residents who stated that they were consulted and their expressed views on matters was respected.

There was evidence of consultation with residents regarding all aspects of their lives, care provision and rehabilitative goals on a day-to-day and long-term basis. The complaint policy was in accordance with the regulation. One complaint had been recorded and the inspector found that the person in charge had dealt with this satisfactorily and in a timely manner. Residents confirmed this to the inspector.

Other mechanisms to support consultation included regular residents' meetings and individual key-working meetings. Issues discussed included general routines, the shared living space, activities plans and personal goals. Food choices were also agreed and seen to be facilitated and again residents were able to confirm this.

The routines were primarily dictated by the residents own preferences, capacities and agreed rehabilitative plans where this was relevant. The staffing ratios and other supports required, such as adapted transport and mobility aids, to ensure this occurred were made available. Residents were registered to vote and participate in their community as they wished.

There was evidence that the residents were closely involved in their personal plans with a view to achieving day-to-day and longer-term goals. The residents informed the inspector of this and stated that their wishes were ascertained. Residents stated that staff provided them with information and clarity so that they understand their care needs and could make informed choices.

External independent advocacy and legal advisors had been sourced for a number of residents where this was necessary.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

No admissions or discharge had taken place since the the previous inspection. The admission policy was satisfactory and requires multidisciplinary assessment of potential residents to ensure their care ends could be met safely within the environment and according to the statement of purpose.

The contract for service was in accordance with the regulations and included the care and support to be provided and all charges were identified. This was signed by the residents or on their behalf by appropriate persons where necessary

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was fully compliant with this regulation. In accordance with the statement of purpose, the focus of care was on the rehabilitate support needs of the residents with a view to making the transition to more independent but supported living environments where this was agreed.

From a review of documents and from speaking with residents and staff the inspector found that residents' needs for ongoing assessment and review were well supported. There was evidence of good access to allied services and the recommendations of these clinicians informed the personal and rehabilitative plans for the residents.

There was evidence on the records seen and from speaking with the residents that they and or their representatives, where appropriate, were involved and consulted about their care, long-term goals and rehabilitative needs. The work was supported by individual therapy with appropriate clinicians and frequent key-worker meetings.

In accordance with the assessed needs of the residents, the personal plans provided details as to the capacity for the activities of daily living and the supports, which each resident required to undertake this and develop to the best of their ability.

The plans were found to be concise and reviewed on a monthly basis. There was evidence that once outcomes were reached further plans and goals were identified in conjunction with the residents' wishes.

Residents social care needs were very well supported. They attended day-care services as appropriate, had regular and very good access to the local community for shopping, cinema and activities of their choosing. Holidays were organised which they told the inspector they enjoyed and their choices for individual social activities and recreation were met. The staffing levels available ensured this occurred. There was evidence and residents confirmed that aids and assistive devices and technology were made available to support them to good effect.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The actions required following the previous inspection had been satisfactorily resolved and risk management procedures were proportionate and balanced.

Self-closing devices had been placed on the fire doors, which allowed ease of access for residents and ensured they closed on activation of the alarm fire. There was evidence that the fire alarms, emergency lighting and extinguishers had been serviced quarterly and annually as required. Staff had undertaken the required training in the use of specialised evacuation procedures. Fire drills took place regularly and residents participated. Any issues noted during the drills, such as delays in evacuating residents with mobility needs were addressed.

There were satisfactory health and safety procedures undertaken and systems for the management of emergencies that could arise were planned. This included the interim accommodation of residents should this be necessary. All vehicles used for residents had evidence of roadworthiness. Equipment used for residents was also serviced as required and the premises were suitable adapted to facilitate their mobility needs. The risks register was detailed and centre specific.

Each resident had an individual risk assessment and suitable management plans pertinent to their needs, which governed a number of issues such as medical needs, activities of daily living and external risks or vulnerabilities.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**



The actions required from the previous inspection had been satisfactorily resolved. The inspector was satisfied that the systems for the implementation of rehabilitative and behaviour support plans respected the resident's personal autonomy, dignity and care needs.

Behaviour support and rehabilitative plans had been fully revised to reflect the resident's needs for rehabilitation and personal care development, which also robustly enshrined the manner in which such interventions were to be implemented.

From a review of the relevant documents, speaking with staff and residents the support plans were being implemented within this framework.

Issues previously identified such as lack of support with personal care or mobility had been fully resolved while maintaining the focus on the residents' rehabilitative goals. There was frequent review and intervention by the clinical specialist who was present in the centre weekly. There was also evidence of good oversight by the person in charge and the team leader.

Significant work had been undertaken by the management team to address the systems of communication with residents and the use of appropriate supportive language when providing and reporting care. Additional psychiatric review had also been sourced to support the residents as needed.

There was evidence of progress being made in rehabilitative plans because of these changes and residents confirmed this.

Other issues identified had also been resolved. Staff had received updated training in the management of behaviours that challenge and safeguarding. The designated officer training for the person in charge and team leader had not been sourced but had been applied for via the HSE (Health Service Executive). However, the procedures for reporting to the organisations designated officer, HSE safeguarding team screening and investigation had been implemented.

Where necessary safeguarding plans had been devised and implemented. These were detailed and pertinent to the residents' circumstances and need for independence and support.

Updated training in the use of a method of physical intervention had also been provided. Such interventions were not used in the service and such training was only provided in order that staff could, if necessary intervene should a resident be at serious risk of harm. This was clearly understood and confirmed by the statement of purpose and admission criteria for the centre.

Detailed accidental injury or bruising charts were maintained and these were monitored.

Residents were assessed as being able to be responsible for their own finances with supports from staff. Legal orders in place to protect residents were found to be adhered to by the person in charge. Only one restriction was being used and the inspector was satisfied that the rationale for this was clear and there was oversight and review of the restriction. Other residents were not negatively impacted by this.

There were suitable personal intimate care guidelines available for the residents.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

From a review of accident and incidents reports and daily records in the centre the provider was in compliance with the requirement to notify the Chief Inspector of proscribed events occurring.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was evidence from residents themselves, records and from speaking with staff that residents individual and complex healthcare needs were well supported.

There was regular and timely access to both general practitioners (GP) services and a range of allied health services appropriate to the residents' needs. Residents confirmed that they can attend their own GPs as they wish. Records of these appointments and outcomes were maintained with the consent of the residents.

There was evidence of referral and consultation with allied services as required by the residents' needs, including occupational therapy, speech and language, physiotherapy, neurology, dentistry and opticians. Staff encouraged and supported the residents with exercise and interventions. Support plans for residents' identified healthcare needs including nutrition, skin integrity and physiotherapy and staff supported residents with these plans.

Residents were fully informed and enabled to make decisions regarding their healthcare

needs. Specialist equipment and additional nutritional supports were seen to be available and used.

There were strategies in place to encourage healthy eating, diets and health promotion with staff and residents agreeing on food choices. The residents informed the inspector of this. Residents prepared meals with staff support as necessary.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems for the receipt of, management, administration, storage and accounting for medicines were satisfactory. There were appropriate documented procedures the disposal of and return of medicines. Weekly stock audits were also undertaken. No controlled medicines were being used at the time of the inspection but there was an appropriate systems in place should these be required. There was good communication noted with the dispensing pharmacists and medicine administration audits were undertaken regularly. The staff had training in medicines administration and competency was assessed following the training.

Medicines were reviewed regularly by both the residents GPs and the prescribing psychiatric service. There was evidence of monitoring by staff and prescribers concerning any ill effects or contra-indications. Some residents were assessed as being able to and wishing to manage their own medicines and this was managed with an agreed level of staff support.

A small number of errors were noted with preventative actions taken in a timely manner. Strict protocols for the use of p.r.n (as required) medicines were in place .From a review of these and from speaking with staff the inspector was satisfied that these were adhered to.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The action required from the previous inspection had been satisfactorily resolved.

The governance structures were found to be effective, accountable with evidence of improved oversight, and monitoring.

This is demonstrated by the timely and satisfactory actions taken by the provider and person in charge in response to the significant issues identified in the previous report in relation to safeguarding.

The inspector found that there were systems for review of incidents and frequent oversight of care practices implemented. There was evidence of daily oversight by the team leader and the person in charge was present in the centre up to three days per week.

A revised and detailed template for daily reporting had been introduced which provided a system to ensure residents' care programmes and responses were adequately implemented and reviewed.

There was evidence that incidents, which occurred, were satisfactorily reviewed and residents care and development was closely monitored via the weekly clinical review meetings. This forum also helped to ensure that staff were clear on the manner in which to implement the programmes for the benefit of and with the agreement of the residents.

Staff were therefore supported to carry out their personal and professional responsibility in an appropriate manner.

The line management system had been revised with the provider nominee supporting the person in charge who was suitably qualified and experienced. As the person in charge is responsible for more than one centre the team leader has day-to-day responsibility. There were effective formal and informal reporting systems evident. The team leader provided detailed monthly reports to the regional manager which were found to be a detailed synopsis of all occurrences, environmental and clinical issues, complaints and progress for the residents. Residents were very familiar with all members of the governance team.

There were records available of two unannounced visits, which had taken place, and the reports available were comprehensive with actions and timeframes identified. An annual report was also available for 2016, which was satisfactory, and the views of residents were sourced.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The staffing levels were found to be suitable in numbers and skill mix. Residents were assessed as not requiring full or part time nursing care.

Recruitment process was underway at the time of the inspection to fill one full-time vacant post. There were a small number of agency staff being used but these were consistent personnel to ensure continuity for the residents. There were 10 rehabilitative assistants employed with three staff on duty at all times during the day and a waking and sleepover staff at night. The staff were supported by the team leader. This ratio of staff allowed for the completion of residents rehabilitative and social plans.

From the records reviewed by the inspector, mandatory training was up-to-date with fire safety, patient transfer and safeguarding training completed for all staff. The staff also had qualifications relevant to the residents needs including social care or FETAC (Further Education and Training Awards Council) level five.

No new staff had been employed since the previous inspection. No new staff had been employed since the previous inspection therefore the personal records were not reviewed at this time as they been fully compliant previously.

Forma review of a sample of supervision records supervision was undertaken regularly and both the records seen and staff confirmed that the process focused on residents' care needs and the supportive implementation of their rehabilitative plans and support for staff in carrying out their work.

The records of the regular team meetings also demonstrated that residents' care and development were monitored and progressed.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

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Regulation Directorate  
Health Information and Quality Authority