



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:	Short Notice Announced
Date of inspection:	28 October 2020
Centre ID:	OSV-0004904
Fieldwork ID:	MON-0030844

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 of 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:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 October 2020	10:00hrs to 15:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met briefly with three of the residents over the course of this inspection. One resident and a family representative also spoke with the inspector and gave their feedback on the service provided. Written feedback on the service from residents was also reviewed by the inspector.

The resident spoken with by the inspector reported that they were very happy in the house and that staff were very nice. They also spoke about their hobbies and interests, such as sports and walking and the inspector saw that staff supported the resident to engage in their preferred activities of interest. For example, prior to COVID-19 the resident was attending local football matches, which they enjoyed and staff ensured the resident was supported to go for walks on a regular basis. The resident also liked to collect sports memorabilia and the inspector saw they had a large collection of Gaelic Athletic Association (GAA) county flags which they spoke about to the inspector. The resident also liked bingo and informed the inspector that prior to lockdown, they went to bingo on a very regular basis. However, they were now playing telly bingo instead which they enjoyed. The resident had also recently gone on a trip to Knock in County Mayo and said that they enjoyed this day out.

A sample of written feedback from residents on the service provided viewed by the inspector showed that residents were generally happy in their home, happy with their bedrooms, they felt their daily choices and routine was respected by staff, they were happy with the level of social activities on offer and they felt safe in the house.

Feedback from a family member (spoken with over the phone) was equally as positive. They reported that the quality and safety of care was excellent, they were confident that the support needs of their loved one was being provided for, the centre was in regular contact with them and it was very much a person-centred service. They also reported that they knew the staff team very well and that they were very kind and caring.

The house was centred around meeting the assessed needs of the residents and staff were observed to know their needs very well. The inspector also observed that residents were very much at ease in the company and presence of staff and staff were respectful, warm, caring and professional in their interactions with the residents.

Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs.

However, some issues with regards to the premises which had been identified through the auditing process as far back as January 2019, had not been addressed at the time of this inspection.

The centre has a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation and was supported in their role by a team of qualified nursing staff and a team of healthcare assistants. The person in charge was a qualified nursing professional, who provided good leadership and support to their team and had a very regular presence in the centre. The inspector also observed that they were responsive to the inspection process and aware of the legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

The person in charge ensured that resources were used appropriately in the centre which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety, manual handling, positive behavioural support and infection prevention control. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

The centre was also being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. However, some actions arising from the auditing process were not being addressed in a timely manner. For example, one resident's bedroom required some renovation work to provide better access to a bathroom facility and the premises required painting and redecorating throughout. These issues had been identified in previous audits of the centre and in a governance and management report as far back as January 2019, however, the provider has failed to address them and they remained ongoing at the time of this inspection.

Residents appeared happy and content in their home and the person in charge had systems in place to ensure their assessed needs were provided for. Feedback from residents and a family representative on the service provided was also very positive.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nursing professional with significant experience of working in and managing services for people with disabilities. They were also aware of their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for

Persons (Children and Adults) with Disabilities) Regulations 2013. The had systems in place to ensure supervision and support was provided to the staff team and it was also observed that they knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there was an appropriate staff number and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. From a small sample of files viewed, staff were also provided with all the required training in order to provide a safe and effective service. Staff had training in the Safeguarding of Vulnerable Adults, Infection Control, Positive Behavioural Support and Fire Safety.

Judgment: Compliant

Regulation 23: Governance and management

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available along with six-monthly auditing reports. However, some actions arising from the auditing process were not being addressed in a timely manner. One resident's bedroom required some renovation work in order to provide better access to a bathroom facility and the premises required painting and redecorating throughout. These issues had been identified in previous audits of the centre and in a governance and management report as far back as January 2019, however, the provider has failed to address them and they remained ongoing at the time of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement of the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it was kept under regular review as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives of their choosing within the centre and within their community. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health, emotional and social care needs were being supported and provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their community. For example, some residents were learning to develop their computer skills, were attending local football matches, shopping and going on day trips with the support of staff. Prior to COVID-19, residents were supported to engage in a range of leisure activities of their preference and choice. For example, residents regularly frequented community-based amenities, such as local shops and restaurants, and were attending concerts of their choice and interest. It was also observed that residents were being supported to maintain a healthy lifestyle and engage in activities, such as walks in the countryside, which they very much enjoyed.

Residents were supported with their healthcare needs. Regular and as required access to a range of allied healthcare professionals also formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist and dietitian. Comprehensive care plans were also in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and where required had access to behavioural support. It was also observed that staff had training in positive behavioural support techniques so that they had the skills required to support residents in a professional and calm manner, if or when

required. There were some restrictive practices in use in the centre, however, they were being reviewed as required by the regulations and were only in use to promote the residents' health, safety and overall wellbeing.

From a small sample of files viewed, staff had training in the safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. At the time of this inspection there was one safeguarding plan in place due to some compatibility issues between two residents. However, this was being managed competently in the centre and there had been no recent adverse incidents to report.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, they were provided with 1:1 staffing support. Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place.

Overall, the resident spoken with as part of this inspection process reported that there were very happy with the service and a family representative was very complimentary about the house and staff team. The quality and safety of care provided to the residents was being monitored and systems were in place to ensure their health, emotional and social care needs were being supported and provided for.

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. Staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were also adequate supplies of PPE

available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary team input into residents' person plans. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote residents' health, safety and overall wellbeing.

Judgment: Compliant

Regulation 8: Protection

Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. At the time of this inspection there was one safeguarding plan in place due to some compatibility issues between two residents. However, this was being managed competently in the centre and there had been no recent adverse incidents to report.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to ensure that the rights of the residents were promoted and protected. Residents were able to choose their daily routines and made their own decisions (with support as and where required).

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lir House OSV-0004904

Inspection ID: MON-0030844

Date of inspection: 28/10/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions arising from audits are reviewed by the Assistant Director of Nursing and escalated to the provider representative as necessary. All audits have an identified improvement plan.</p> <p>Renovation work in order to provide better access to a bathroom facility and the painting and decorating of the designated centre has been approved with funding. The agreed timeframe and a plan of schedule of works is now in place to progress the outstanding actions and will be completed by 28/02/2021.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/02/2021