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:	Lisbri Unit
Name of provider:	IRL-IASD CLG
Address of centre:	Dublin 12
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0007885
Fieldwork ID:	MON-0035990

About the designated centre

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

This centre is based in Dublin and situated within a hospital based campus. The centre had formerly been one of two units operated by the Health Service Executive. However, in February 2021 St Margaret's were granted their application to be the new registered provider for this centre. The centre supports both male and female residents over the age of 18 years, with physical, sensory, acquired brain injury, neurological disabilities, intellectual disabilities and mental heath issues. Care and support is provided for up to 11 adult residents. At the time of inspection there were eight residents living in the centre. The provider had plans to decongregate the centre meaning that each of the residents would transition to suitable accommodation within the community. The centre aims to support self directed living, providing a flexible, responsive service, grounded in rights, inclusion and accountability to meet the changing choices and needs of individuals throughout their life. The building comprised of eight large bedrooms, two of which had ensuite facilities. There is also a large sized day room, a café and dining room, a resource room, a family room and industrial styled kitchen. Support is provided for residents over a 24 hour period by personal support workers, two team leaders, a coordinator and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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
Thursday 19 May 2022	12:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. This promoted the protection of residents who may be at risk of healthcare-associated infections. However, there was significant maintenance and repair required throughout the centre. This impacted greatly on the effective cleaning of surfaces within the centre from an infection control perspective.

The provider, St Margarets was granted their application to become the new registered provider for this centre in February 2021. Overall the transfer of governance for the centre from the Health Service Executive (HSE) had gone well. However, the fees payable by a number of the residents remained under the control of the HSE and ongoing efforts were being made to resolve this issue. St Margaret's planned to de-congregate the centre in line with the HSE National Strategy - "Time to move on from congregated settings - A strategy for community inclusion". This meant that each of the residents would transition to more suitable accommodation within the community. Thereafter, it is proposed that this centre will close. A defined time-line for the de-congregation of the centre had not yet been confirmed but it was proposed that it could be completed before the end of 2023.

A discovery process with each of the residents living in the centre and their families had been completed and was ongoing. The purpose of this was to determine the needs, will and preferences of each resident in relation to their future life plans as they transition to live in their own home within the community.

The centre comprises of eight large bedrooms, two of which have ensuite facilities. Residents living in the centre ranged in age from late 40s to late 70 years. The residents had been living together for a prolonged period. Over the course of the inspection, the inspector met briefly with five of the eight residents. These residents told the inspector that they were happy living in the centre but were looking forward to moving to their 'forever' homes within the community. These residents were also complementary of the food provided and told the inspector that staff were kind and treated them with respect. Warm interactions between the residents and staff caring for them was observed.

The centre is situated within a hospital based campus and as identified in previous inspection reports had an institutional feel. The centre was found to be comfortable and some efforts had been made to make it more homely with the addition of soft furnishings. Residents' bedrooms had been personalised with personal photos and some other items of their choosing. This promoted residents' independence and

dignity, and recognised their individuality and personal preferences. The centre had adequate space for residents with good sized communal areas. There was a large sitting room, resource room, family room and dining room. An industrial style kitchen was in place but all cooked meals were prepared in a separate kitchen within the campus and transported to the centre. Residents did not access the kitchen but a separate cafe area had been established in the dining room. This enabled residents to independently prepare snacks at any time of their choosing.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review of the quality and safety of care and this indicated that families were happy with the level of care their loved ones were receiving.

Conversations between the inspector with the residents and staff took place with the inspector wearing a medical grade face mask and social distancing, in line with national guidance. The inspector met and spoke with the person in charge, assistant manager, team leader, support workers and a catering staff member. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

There was evidence that the residents and their representatives were consulted and communicated with about infection control decisions in the centre and national guidance regarding COVID-19. Infection control and COVID-19 was a standing agenda item at staff team and management meetings.

The full complement of staff were in place at the time of inspection. This provided consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements.

The person in charge was suitably qualified and experienced. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a degree in applied social studies and certificate in applied management. She had more than four years management experience. She was in a full time position and was not responsible for any other centre. She was found to have a good knowledge of the requirements of the regulations. The person in charge reported that she felt supported in his role and

had regular formal and informal contact with her manager. She was supported by a person participating in management, two team leaders, a coordinator and two discovery process coordinators.

There was a clearly defined management structure in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of person support services who in turn reported to the chief executive officer. The person in charge and director of person support services held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider. However, significant maintenance and repair of the premises was required. It was reported that this was the responsibility of the current landlord, the Health Service Executive (HSE). There was a COVID-19 preparedness plan, dated May 2021 which outlined the COVID-19 lead and the composition of the outbreak management team. This included the person in charge, assistant manager, health and safety manager and the quality assurance manager. The plan also detailed the provider's surge capacity plan and communication plan. There was an infection prevention and control outbreak communication plan between the provider and the other service provider who occupied the same campus to minimise any potential infection spread. There was evidence that audits had been undertaken at regular intervals which considered infection prevention and control, and to assess compliance with relevant legislation, regulations, policies and standards. The audits completed were found to be comprehensive in nature and there was evidence that actions were taken to address some of the issues identified.

The registered provider had a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control, and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection and Surveillance Centre (HSPC).

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were systems in place for workforce planning to employ suitable numbers of staff members with the right skills and expertise to meet the centre's infection prevention and control needs. The full complement of staff were in place at the time of inspection. The staff members met with had a good knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. Staff members met with told the inspector that the training they had completed had informed their practice and contributed to a greater understanding of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were

documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control of healthcare-associated infections.

Residents and their families were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display.

Overall, the centre appeared clean. However, there was chipped and worn paint on walls and woodwork throughout the centre. The flooring in the majority of toilets and bathrooms was worn and stained. The surface on a number of pieces of furniture and soft furnishings appeared worn and or broken. For example, the covering on a chair in the day room was broken whilst the covering on other chairs appeared worn. The surface on a significant number of metal bins throughout the centre had worn surfaces and there was a rust like appearance on a number of bins. The grouting on wall tiles in a number of bathrooms was stained or missing in areas. This meant that these areas were difficult to effectively clean from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge and assistant manager. The inspector found that there were adequate resources in place to clean the centre. Records were maintained of cleaning completed.

There were arrangements in place for the laundry of residents' clothing and centre linen. There were suitable domestic, clinical, recycling and compostable waste collection arrangements in place. Waste was segregated and stored in an appropriate area and was collected on a regular basis by a waste management service provider.

There were procedures in place for the prevention and control of infection. There were a range of policies and protocols in place. These contained specific information about the roles and responsibilities of various individuals within the organisation and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Temperature checks for staff and residents were undertaken at regular intervals.

The inspector found that there was sufficient information in the centre to encourage and support good hand hygiene practices. Sufficient facilities for hand hygiene were observed. Staff were observed to appropriately clean their hands at regular intervals and they were wearing medical grade face masks in accordance with current public

health guidance. All visitors were required to sign in and provide information to facilitate contact tracing.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented systems and processes for the oversight and review of infection prevention and control practices in this centre. There was a suitable governance framework in place. The structures in place allowed for good oversight of infection prevention and control practice which included ongoing monitoring and the development of quality improvement initiatives. However, there was significant maintenance and repair required throughout the centre. There was chipped and worn paint on walls and woodwork throughout the centre. The flooring in the majority of toilets and bathrooms was worn and stained. The surface on a number of pieces of furniture and soft furnishings appeared worn and or broken. For example, the covering on a chair in the day room was broken whilst the covering on other chairs appeared worn. The surface on a significant number of metal bins throughout the centre had worn surfaces and there was a rust like appearance on a number of bins. The grouting on wall tiles in a number of bathrooms was stained or missing in areas.

Judgment: Not 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	Not compliant

Compliance Plan for Lisbri Unit OSV-0007885

Inspection ID: MON-0035990

Date of inspection: 19/05/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: St. Margaret's has engaged with the owner of the premises (Cherry Orchard Hospital, Health Services Executive) and identified the replacements, repairs, painting and decorating requirements to be completed to ensure compliance with Regulation 27. The scheduled date, 31st December 2021, for completion of these items was agreed by Cherry Orchard Hospital through the responsibility of the HSE Estates Management (through Cherry Orchard Maintenance Department), but has now passed. Further quotations and correspondence has been shared with the HSE regarding the identified works that are required and St. Margaret's are awaiting a date to be confirmed by the HSE Disability Manager. The dustbins that require replacement were identified and communicated with HSE Disability Manager and Cherry Orchard Maintenance Department in February 2022. St. Margaret's are awaiting a date to be confirmed by the HSE Disability Manager for the replacement dustbins to be provided. One broken chair has been replaced on 13th June 2022. The stained and worn chairs, which are the property of the HSE Cherry Orchard Hospital, have been identified and reported to the Director of Nursing in Cherry Orchard Hospital to seek suitable replacements. There is ongoing communication and correspondence with the HSE Disability Manager seeking clarity on completion dates for the above maintenance requirements.	

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.	Not Compliant	Orange	30/09/2022