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:	Short Notice Announced
Date of inspection:	22 June 2021
Centre ID:	OSV-0007885
Fieldwork ID:	MON-0032465

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 - 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
Tuesday 22 June 2021	10:30hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received good quality care and support. A social model of care had been adopted in the centre. Supported self directed living, grounded in rights to meet resident's changing choices and needs were being promoted. With the reconfiguration of the centre, new governance structures had been put in place and measures had been taken to bring this centre into compliance. There were notable areas of improvement which it was considered impacted positively on the quality of life for residents. Some areas for improvement were identified later in the report in relation to the premises and residents' contracts of care.

The provider 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 had gone well. 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 determined but was expected to be completed within a three year period.

A discovery process with each of the residents currently living in the centre and their families had been commenced. The purpose of this was to determine their needs, will and preferences 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 had ensuite facilities. Residents living in the centre ranged in age from 48 to 67 years and had been living together for a prolonged period. Over the course of the inspection, the inspector met briefly with four of the eight residents. These residents told the inspector that they were happy living in the centre and that staff were kind and helpful to them. Warm interactions between the residents and staff caring for them was observed.

There was an atmosphere of friendliness in the centre. On the day of inspection, one of the residents was noted to engage in an art therapy class and another resident was observed to independently prepare themselves a snack from the cafe area. Other residents were supported to go out for walks with the assistance of staff. A number of residents were heard happily conversing with staff. Numerous photos of residents and their families were on display in their bedrooms. Staff were observed to interact with residents in a caring and respectful manner. For example, a staff member was observed knocking and seeking permission before entering a resident's bedroom.

As identified in previous inspection reports of this unit, under the previous governance arrangements, the centre had an institutional feel. Efforts had been

made to give the centre a more comfortable and homely with the addition of soft furnishings. However, on this inspection, some worn and chipped paint was observed on walls and woodwork in some areas. Flooring in a number of bathrooms appeared worn. Each of the residents had their own spacious bedroom. 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 recently been established in the dining room which enabled residents to independently prepare snacks at any time of their choosing. There were two separate large court yards with seating for outdoor dining and relaxation. There was also a private garden area. It was noted to be in need of some maintenance and upkeep.

Residents rights were being promoted in the centre. Each of the residents had an independent advocate and had engaged with the national advocacy service. Staff had received training on a rights based approach to care. There was a charter of rights on display. Information on rights and advocacy services was available in the residents guide. There was evidence of consultations with residents regarding their current and future care through a discovery process. Residents' meetings were completed on a regular basis. Each of the residents had completed an assessment for self medication management. Residents were now working towards being responsible for the management of their own medication with the support of staff. Interpreter services were provided on a daily basis for a resident whose first language was not English. Key documents had been translated into identified resident's first language for their reference.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care, the running of their home and the recent reconfiguration of the centre. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were supported to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. There had been recent meetings with residents and their family members regarding housing for the individual resident's proposed transition from the centre.

Residents were supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. With the lifting of COVID-19 restrictions, visiting was being re-established which was in line with national guidance. Residents spoke with indicated that they welcomed the return of visiting in the centre.

Residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of

restrictions impacting residents' access to activities in the community. However, with the lifting of restrictions residents were starting to re-engage with activities in their community. Examples of activities that residents engaged in within the centre and in the community included, art therapy, hair and beauty treatments, library visits, equestrian centre, walks to local scenic areas, out door dining in local cafe and restaurants. A weekly schedule of activities was in place. It was proposed that with the lifting of restrictions, more access for residents to meaningful activities in the community would be supported. The centre had its own vehicle to facilitate residents to access community activities and visits to families. The resource room had a pool table and other board games and arts and crafts materials for residents use.

The full complement of staff were in place. Four members team had worked with the residents for a prolonged period. The remaining had transitioned to the centre with the new provider. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. Residents spoken with told the inspector that staff were very kind and caring. Each of the residents had assigned keys workers. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

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.

Capacity and capability

Suitable governance and management arrangements had been put in place to promote the service provided to be safe, consistent and appropriate to residents' needs. However, some areas of improvement were identified in relation to the contracts of care.

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 three 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 his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a two team leaders and a coordinator. She reported to the person support manager who in turn reported to the chief executive officer. The person in

charge and person support manager held formal meetings on a regular basis.

The provider had plans in place to complete an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. The provider had engaged an external company to complete a review and were awaiting the report of same. A number of audits and checks had been completed. Examples of these included, infection prevention and control, medications and health and safety checklist. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately local manager and senior management meetings with evidence of communication of shared learning at these meetings.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally by the provider. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. This promoted staff to be supported to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. There was a consistent team of staff working with the residents. Staff files contained all of the information required by the regulations. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Staff supervision was being undertaken in line with the frequency proposed in the providers policy.

Judgment: Compliant

Regulation 23: Governance and management

Suitable governance and management arrangements had been put in place. The provider had plans in place to complete an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. There were clear lines of accountability and responsibility.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care detailing services to be provided were in place. However, details of any fees payable were not detailed as required by the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre appeared to receive person centred care and

support which was of a good quality and promoted their rights. A discovery process had been commenced with each of the residents to ascertain their need and choices for their future transition from the centre to new homes within the community. It was noted that some areas of the premises required upkeep and maintenance.

Residents' needs were being met by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of individual residents and outlined the support required in accordance with their individual health, communication, social and personal care needs. A user friendly version of the personal plan was available as required by the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments had been completed and were subject to review. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Precautions were in place against the risk of fire. However, a recent audit completed by an external fire safety consultant identified that the fire doors in place required upgrade to meet with the required standards. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed and a fire assembly point was identified in an area to the front of the centre. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken and it was noted that the centre was evacuated in a timely manner. Staff had completed fire safety training.

There were suitable infection control procedures in place. The provider had protocols and a contingency plan for the COVID-19 health emergency which was in line with national guidance. A risk assessment for COVID-19 had been completed. The inspector observed that areas appeared clean but as referred to above some surfaces were worn which meant that these areas could be more difficult to clean. A cleaning schedule was in place which was overseen by the person in charge and team leader. Colour coded cleaning equipment was available. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals and on all entries and exits from the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents, in line with national guidance.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to.

Appropriate arrangements were in place to report and respond to any safeguarding concerns. The provider had a safeguarding policy in place. Intimate care plans were on file and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. The behaviours presented by a small number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. Behaviour management guidelines and behaviour support plans were in place for residents identified to require same. A log was maintained of all restrictive practices in place and these were subject to regular review.

Regulation 17: Premises

Efforts had been made to give the centre a more comfortable and homely with the addition of soft furnishings. However, on this inspection, some worn and chipped paint was observed on walls and woodwork in some areas. Flooring in a number of bathrooms appeared worn. There was also a private garden area which it was noted required some maintenance and upkeep.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a nutritious and varied diet. Meals were prepared in a kitchen located on the campus and transported to the centre. A choice of meal options were available and residents were consulted with regarding their meal choices. A range of healthy and nutritious snacks were available for residents to access in the dining room cafe area.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk register in place, and environmental and individual risk assessments had been completed. Incident reports were completed and reviewed on a regular basis.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 contingency plan was in place which was in line with the national guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Precautions were in place against the risk of fire. However, a recent audit completed by an external fire safety consultant identified that the fire doors in place required upgrade to meet with the required standards.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' well being and welfare was maintained by a good standard of evidence-based person centred, care and support. Individual support plans reflected the assessed needs of the individual resident and outlined the support required in accordance with their individual health, personal and social care needs and choices. A discovery process had been commenced with each of the residents to ascertain their need and choices for their future transition from the centre to new homes within the community.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional support. The behaviours presented by a small number of residents were difficult on occasions for staff to manage in a group living environment. However, overall incidents were well managed and residents were supported. Behaviour management guidelines and behaviour support plans were in place for residents identified to require same. A log

was maintained of all restrictive practices and these were subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately responded to. Intimate and personal care plans were in place and provided a good level of detail to support staff in meeting individual resident's intimate care needs. Safeguarding information was on display and included information on the nominated safeguarding officer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Each of the residents had an independent advocate and had engaged with the national advocacy service. Staff had received training on a rights based approach to care. There was a charter of rights on display. Information on rights and advocacy services was available. Each of the residents had completed an assessment for self medication management. Residents were now working towards being responsible for the management of their own medication with the support of staff. Interpretor services were provided on a daily basis for a resident whose first language was not English. Key documents had been translated into the identified resident's first language for their reference.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lisbri Unit OSV-0007885

Inspection ID: MON-0032465

Date of inspection: 22/06/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: St. Margaret's does not levy a fee or charge on residents at Lisbri, therefore has not included any mention thereof in their Contract of Support. To comply with Regulation 24(4) St. Margaret's shall issue a letter as an addendum to the Contract of Support, in an accessible format, to the resident and, where appropriate, their representative.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider reviews the suitability of the premises including accessibility, safety, suitability and repairs & maintenance, with reference to the premises' purpose. St. Margaret's has engaged with the owner of the premises (Cherry Orchard Hospital, Health Services Executive) and identified the painting and decorating works of painting to be completed to ensure the premises is in maintained in a good state of repair and suitably decorated. A schedule of planned painting and decoration will be completed by Cherry Orchard Hospital through the responsibility of the HSE Estates Management (through Cherry Orchard Maintenance Department).	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Under Regulation 28(2) St. Margaret's has identified building fabric issues, reported to the premises owner (HSE Estates and Cherry Orchard Hospital) who have engaged an external contractor, who have commenced on-site to complete the upgrade and replacement works.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	31/12/2021

	extinguishing fires.			