



Office of the Chief Inspector

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

Name of designated centre:	Lisrath
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 January 2019
Centre ID:	OSV-0001517
Fieldwork ID:	MON-0023306

About the designated centre

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

This is a neuro – rehabilitation service providing residential care and support for up to five adults (both male and female) with an acquired brain injury. The house is located in Co. Louth and is in close proximity to a number of large town and villages. Transport is provided so as residents can access community based amenities such as shopping centres, hotels, gymnasiums, swimming pool, pubs and restaurants. The house is a large detached bungalow on its own grounds. It consists of a large, very well equipped kitchen cum dining room (including a homely TV space), a large separate sitting room, a number of communal bathrooms, a laundry facility, a sun room, staff office and well maintained gardens to the rear and front of the premises. There is also adequate private parking space to the front and side of the house. Each resident has their own bedroom (some en suite) which are personalised to their individual style and preference. The healthcare needs of the residents are comprehensively provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. Where required, residents also have regular access to psychology support. Residents are also supported to develop independent living skills and the house has a specialised adaptive kitchen where residents can learn skills such as how to cook safely. The house is staffed on a 24/7 basis. There is an experienced person in charge who is supported in his role by an experienced team leader. There are also a team of specially trained rehabilitation assistants who support the residents in meeting their assessed rehabilitative, social and healthcare needs.

The following information outlines some additional data on this centre.

Current registration end date:	20/10/2020
Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
31 January 2019	10:30hrs to 16:30hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with three of the residents throughout the course of the inspection and was invited to have a cup of coffee and lunch with some of them. Residents reported that they liked living in the house, saw it as their home, could speak with any staff member at any time about any issue and had no complaints about the service. It was also observed that residents were very much at ease in the company of staff and staff were seen to be attentive, caring and respectful towards each resident. Residents decided for themselves about what activities to engage in and what meals to have on a day-to-day basis and the inspector saw that these choices were respected and promoted by staff. Residents also spoke to the inspector about aspects of their care plans and how they were involved and consulted with on how their assessed needs would be supported and provided for. They also spoke about what social and learning activities they liked to engage in and how staff supported them to make regular trips home so as to ensure they maintained regular contact with loved ones, friends and extended family members.

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. This was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process. The model of care provided to the residents supported their autonomy, choice and independence.

The centre has a management structure in place which responded to residents' needs and feedback. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in his role by a full time and experienced team leader

The person in charge was a qualified professional and provided good leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured that they had the skills,

experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training to include safeguarding, children's first, fire training, manual/patient handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The person in charge and team leader ensured the centre was 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that key areas of the service required updating and/or review. This included gaps identified in the provision of refresher training for some staff members. This issue had been addressed by the time of this inspection in turn, ensuring effective and responsive oversight and governance of the centre. The annual review of 2018 also identified improvements that needed to be made to the service. For example, in order to support the learning of new skills so as to promote residents autonomy and independence, an adapted kitchen with high-low counters was required. These interior improvements had been made to the centre by the time of this inspection.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident directly informed the inspector that they could speak to any staff member at any time if they had any issues or concerns. However, residents were very complimentary about the service provided and the management and staff team and there were no recent complaints on file in the centre. Residents where required, also had information on and access to an independent advocate if required.

Residents were also involved in the running of the centre and they chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for.

Overall, from spending time with and speaking directly to the residents and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy with their living arrangements, got on very well with each other and the staff team and appeared happy and content in their home.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a

qualified professional with significant experience of working in and managing services for people with disabilities.

He was also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

He provided good supervision and support to his staff team and 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 were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Children's First.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the

service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge in place who was supported by an experienced team leader. At times over the course of this inspection the team leader facilitated the inspection process and it was found that she had the skills, knowledge and competence to do so

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to 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 will be kept under regular review

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that there had been no recent complaints made about the service.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community. The quality and safety of care provided to the residents was being monitored, it was to a good standard and in consultation with each residents,

their health, emotional and social care needs were being supported.

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 families and community. Residents were also being supported to maintain and build on skills so as to maintain and promote their independence. For example, the centre had an adapted kitchen installed so as to support residents to learn how to cook independently and safely. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents used the local gymnasium, accessed a local swimming pool, were members of local sports clubs and frequented community based amenities such as pubs, hotels, bowling centres, shopping centres and restaurants.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were 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 health care professionals.

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

Residents reported to the inspector that they felt safe. They knew they could make a complaint if they wished to and had access to independent advocacy services. 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.

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 of falling, they had an occupational therapy assessment and specialised equipment was placed in key areas of the centre to support their balance and mitigate this risk. Risk associated with cooking were also mitigated and a specially designed kitchen was installed with high-low counters to support residents to cook independently while promoting their safety. It was observed that some aspects of risk required review however, the team leader was aware of this and at the time of this inspection had a plan of action to address it.

There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspectors that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. It was observed that some fire fighting equipment required servicing at the time of this inspection however the person in charge addressed this

issue prior to the end of the inspection. From a small sample of files viewed, the inspector observed that staff had training in fire safety.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Residents were supported to independently look after their own medication where they wished to do so. All residents had undertaken a self administration of medication assessment and where required, staff provided support to some residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration.

Overall, residents reported to the inspector that they were very happy with the service, they felt adequately supported, their independence was being supported and encouraged and their health and social care needs were being comprehensively 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 procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks.

At the time of this inspection it was observed that some aspects of risk management would require review however, the team leader had plans in place to address this.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required. Some staff were undertaking in-house bespoke fire training on the day of this inspection

It was observed that some fire fighting equipment required servicing however, this was addressed by management of the centre prior to the end of this inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

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 multi-disciplinary input into resident's 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.

Residents also had regular to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the 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 the residents health, safety and overall well being.

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
Views of people who use the service	
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 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant