



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

Issued by the Chief Inspector

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 July 2023
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0036030

About the designated centre

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

Liffey House is a community based residential centre for adults with disabilities. The premises is a detached bungalow located close to a small village in County Kildare. Residents have access to vehicles to support them to access their local community. The centre is subdivided into two parts, one of which is a self-contained one bedroom apartment, where one resident resides. The other section comprises of five bedrooms where up to four residents reside. Care is provided to both male and female adults some of whom have autism and mental health support needs. The skill mix in the centre is made up of social care workers, assistant support workers and a nurse. The staffing levels in the centre is based on the assessed needs of the residents during the day and night. The centre is managed by a person in charge who is employed in a full-time capacity. They are supported by two deputy team leaders and a community nurse who works across a number of centres and has oversight for the healthcare needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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 12 July 2023	11:00hrs to 16:30hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this unannounced inspection, the inspector of social services met the residents and members of their support team, and had an opportunity to observe some of their routines and their living environment in the designated centre. All residents were in good form and told the inspector to whom they would speak if they ever felt upset or unsatisfied in their home.

Some of the resident met were busy and active at home and in the community. During this inspection, one resident went to the gym as part of their fitness programme, and another was supported to attend a healthcare appointment with their staff. One resident was currently undertaking an online college course and working on their assignments. One residents worked two days a week supporting nursing home residents with social activities, and another resident had a paid position in retail. Residents were supported to access the community with a number of cars for which the centre had exclusive use.

Some residents preferred to spend their time in the house, and were observed listening to music and chatting with the staff. The inspector spoke briefly with the person in charge about plans and supports to enhance meaningful social and community opportunities of interest for all residents in line with their capacities and wishes. In the afternoon, one resident was supported to try a new dish and made chicken vol-au-vents from scratch, and the inspector observed them being supported to prepare the ingredients and follow the recipe. One resident lived in an annexe apartment but could still socialise with their friends in the main house. One resident looked after their pet cat.

Residents had been supported to receive their healthcare vaccinations, including for winter flu and COVID-19 boosters, and were supported to understand and consent to same. Residents were supported to understand and protect themselves with standard precautions, use of personal protective equipment and appropriate hand hygiene. Person-specific guidance was available to staff in relation to residents with underlying or recently-diagnosed infectious illness, and residents were explained what they needed to do to understand and manage their illness. For residents who had contracted COVID-19, post-incident review commented positively on their role in stopping it from spreading to their peers and staff.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

Capacity and capability

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The provider had continuously revised risk assessments related to the prevention and control of healthcare associated infections. While some risk controls related to the COVID-19 pandemic remained in the current assessments such as staff wearing face masks and checking temperatures during their shift, these had been discontinued in practice outside of active infection risk instances. Specific risk assessments and staff guidance was set out in relation to person-specific infection risks to advise staff on how to stay safe and what to be vigilant of in residents' healthcare support. However, there was limited assessment or staff guidance on identifying and responding to other potential healthcare associated infections such as clostridioides difficile (C.diff), methicillin-resistant staphylococcus aureus (MRSA), influenza, norovirus or legionellosis.

Two staff had been named as infection control leads for this centre, and the inspector was provided evidence of supplementary training and education provided for this role. The front-line staff team had attended training in subjects such as hand hygiene, use of personal protective equipment, and food safety. Some staff members did not have evidence that they had attended, or completed a refresher course in, infection prevention and control training and standards precautions. Infection control was a subject in the provider's most recent six-monthly quality and safety report, as well as routine household checks by management and the centre's infection control leaders.

Quality and safety

The inspector observed appropriate practices in how household waste, food and laundry was managed. The provider had periodic inspections to identify and respond to any potential pest control issues. The premises was in a good state of maintenance and repair to facilitate effective cleaning, and bedrooms, living rooms, vehicles and kitchen areas were clean. High surfaces in a number of rooms including light fixtures, skylights, high corners and bathroom extractors had a build-up of dust, cobwebs and insects with revision required to cleaning schedules and checks to ensure these were regularly addressed.

Cleaning equipment such as mop poles and buckets were appropriately stored, with mop heads being cleaned and hung out to dry after use. Staff had access to guidance on effective cleaning and sanitisation of surfaces and management of risk waste, however there was some discrepancy between the guidance provided to staff and the staff knowledge and access to cleaning and disinfection practices and

chemicals.

Residents had information which would travel with them in the event of hospitalisation to advise other facilities of their primary healthcare needs and other key supports. Some gaps were identified in these documents such as the vaccination status of the residents, notes on people who had recently had COVID-19, and notes on precautions for people with active or dormant skin-based or bloodborne infection risk. The person in charge had readily available information in their own files tracking the vaccination status of residents against infections such as influenza and COVID-19.

Some minor improvement was required in oversight of medical equipment, to ensure that sharps disposal boxes were labelled properly and stored upright, and that the medicines fridge was not used to store food items. However practices overall were to a high standard, with storage spaces and devices related to medicines clean and adjacent to a hand hygiene station.

There were risk protocols clearly described for use in the event the house has an infection outbreak to keep residents and staff safe. Information and education on how residents could practice good infection control and keep themselves safe was discussed with them through keyworking sessions and easy-read guidance. Each resident had a plan in place for if they were required to isolate or quarantine, and guidance related to their specific healthcare risks and diagnoses. There had been instances in the centre in which residents had contracted a healthcare associated infection, and the person in charge provided evidence of post-incident review determining how or where they may have acquired it, whether risk controls had been effective, and what lessons could be taken for future reference.

Regulation 27: Protection against infection

Based on discussions with staff and management, what the inspector observed during the day, and documentary evidence provided during this inspection, the provider was generally keeping residents safe in the service and maintaining an overall clean environment.

Some aspects of the service required attention to ensure effective and consistent infection control practices and oversight, including, but not limited to, oversight of staff training being kept up to date, updating and revising staff guidance, and ensuring that transfer information and risk controls were updated to reflect relevant risks related to infection prevention and control.

Judgment: Substantially 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	Substantially compliant

Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0036030

Date of inspection: 12/07/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge (PIC) will ensure the following improvements are implemented in the Designated Centre to ensure compliance with regulation 27: Protection Against Infection, in the following ways.</p> <ol style="list-style-type: none"> 1. Where required a review to be conducted on the Centre’s medication monitoring practices to ensure all medication returns boxes and designated sharps bins are labelled with a delivery date, date in which they were in use from, and all stored in a suitable, lockable press in an upright position. 2. All Service Users hospital passports to be reviewed and updated where required to include all relevant details and recent illnesses/ health concerns. 3. High dusting to be completed where required daily, including areas such as, skylights, ceiling extractor fans, light fixtures etc. <p>Note: This was addressed on the day of the inspection and completed daily by staff team, where required.</p> <ol style="list-style-type: none"> 4. The Centre Specific Risk Register in relation to Covid-19 practices to be reviewed and updated where required to include specific risk assessments regarding potential IPC concerns, for example, MRSA, Legionella, Norovirus. 5. To further enhance the staff team’s knowledge, additional training to be provided to the Centre on Infection, prevention, and control, where required. 6. (a) A review of to be undertaken by the Person in Charge to ensure the Centre’s cleaning practices, use of equipment and chemicals to be reviewed where required to ensure practices are in line with the Centre’s policy and procedures relating to infection, 	

prevention, and control.

(b) Following the review of cleaning practices, the Person in Charge to ensure the Staff Team is briefed on the correct use of cleaning equipment and chemicals in line with the Centre's policies and procedures relating to general cleaning and disinfection practices.

7. Where required, the Centre's cleaning schedule and standard operating procedures to be reviewed to ensure the cleaning schedule specifies the location of each room completed and when they were cleaned.

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.	Substantially Compliant	Yellow	01/09/2023