

# 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:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0034145

## 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
Tuesday 26 March 2024	08:30hrs to 15:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with all five of the people living in this designated centre and with their direct support staff. From listening to what residents had to say and observing support and interactions delivered in the house, the inspector observed this to be a well-run service in which residents felt comfortable and had a good relationship with their staff and with each other.

Residents spent time chatting with the inspector, telling him what they had been doing lately or what their plans were for the day. As this inspection had been announced in advance, all five residents also provided commentary through written questionnaires. In the main, residents spoke positively on their staff and their support. One resident commented that staff had "helped them through the good times and the bad", and other residents commented that the staff were there for them when they were having bad days. Two residents commented that they were proud of their recent progress with self-care and self-regulation, and how they were working with the staff team to become more independent and live with fewer restrictions in their home.

Three of the residents had paid employment or voluntary work in farming, retail and social care work which they found challenging and enjoyable. One resident was in their final year of a college course and talked with the inspector on how they had been doing very well in their coursework. One resident had an interest in pursuing new social or community engagement opportunities and had tried out some options, but commented that they were still looking for something that interested them. In the meantime they enjoyed going out for coffee regularly with one of their housemates to get out of the house for a while. Residents had exclusive use of two vehicles to support community access.

Residents were supported to spend time alone as they wished. During the day residents were watching television and movies, going outside to smoke, preparing some lunch or playing games with staff. Some residents were being facilitated to develop their life skills such as cleaning their own bedroom, cooking the dinner, doing their laundry or looking after their pet cat. One resident commented that while they did not always like doing these jobs, they understood how important it was for their own personal wellbeing and autonomy. The inspector observed some examples of where residents were supported to hold onto their own bank cards and medicine. While some improvement was required in ensuring that time-bound plans and support guidance for staff was consistent, in general the inspector observed a culture among the house management and staff team in which residents took the lead in their choices and skills, to lead good quality and meaningful lives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being

delivered.

## Capacity and capability

The centre had a clearly defined management structure in place which was led by a person in charge, deputy team leader and shift lead manager. They were supported in their role by a director of operations. Front-line staff were supported through supervision and performance management and development systems, with meetings for some observed to be taking place on both a routine and ad hoc basis to support team members with their performance, role enhancement or concerns raised.

A review of a sample of rosters indicated continuity and familiarity with regular and relief staff personnel in the centre and a clearly identified the shift lead for each day.

The provider had systems in place to monitor and audit the service and identify where improvement was required in compliance with policy, regulations or best practice. Where required, actions were identified for service development such as additional training or revised risk controls.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

## Regulation 15: Staffing

The inspector found that the centre was appropriately resourced with front-line and management personnel based on the number and assessed needs of service users. A review was completed of the staff roster for a four-week period which found that where staff from relief resources were relied on to cover shifts affected by absences on the core team, there was good continuity ensured through familiar regular staff deployed to the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The registered provider had identified training which was mandatory for staff working in this designated centre, and had a means of identifying where staff were due or scheduled to attend refresher courses. As part of the provider's quality improvement and development plan, additional training was identified for staff to attend, including supporting residents with needs related to healthy eating and to bereavement.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. The inspector reviewed a sample of performance management and development plans which set out actions and goals for staff to work with their manager to develop skills, identify strengths and weaknesses, and address concerns raised.

An annual report had been completed by the registered provider as required by the regulations. This identified achievements and challenges in the designated centre in the preceding year as well as the experiences and personal progress of residents in the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose for this centre contained information required by the regulations.

Judgment: Compliant

## Regulation 30: Volunteers

One person attended this centre on a voluntary basis who was additional to the staffing complement. This person's role was identified and the provider had ensured

this person was vetted by An Garda Síochána.

Judgment: Compliant

### Regulation 34: Complaints procedure

A record of complaints raised in or about the services of the designated centre was available for review along with evidence of actions and learning taken from the matters raised, and how these were communicated back to the complainant.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was suitably experienced in management and leadership roles and had a good knowledge of their role and responsibilities under the regulations. They were appropriately deputised by two other managers.

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives in a manner led by their choices and opportunities which were meaningful to them. Residents were supported to pursue meaningful opportunities for social engagement, employment, education and life skills development. From listening to what residents had to say, they enjoyed being challenged to take ownership of their personal responsibilities, develop aspects of their life with which they could be more independent, and reduce reliance on staff support with some parts of their day. This had also resulted in an overall improvement in quality of life, reduction in the frequency or severity of risk incidents, and reduction in risk control measures which impacted on choices and autonomy. Residents commented that they felt proud and accomplished with their work and commented that while they still may have bad days, they were working to ensure they responded to their feelings of anxiety or frustration in a safe and healthy way.

For some residents who were less active outside the house, day-to-day supports were in place to offer opportunities to get out to socialise, shop, or explore their local area. For one resident, they had decided on a community outing they now enjoyed doing in their afternoons which was a development from their previous



routine. While staff commented to the inspectors what goals residents were aiming towards related to social outlets, work experience or community activation, there was limited specific and measurable strategy set out to guide the staff team and resident to work towards these objectives.

The provider had assessed and facilitated some residents to hold their own money, and where capacity was determined, support residents to take their own medicine. Where risks had been identified related to medication errors or food safety, risk assessments, actions and control measures had been set out. This had resulted in improved staff practice; for example, medicine errors were more likely to be identified by staff at the point of error rather than afterwards.

### Regulation 12: Personal possessions

All residents in the centre had accounts with financial institutions into which their income was received. Residents were supported to use their debit cards and to access their bank statements available in the house. Residents were supported to manage their belongings, decorate their bedrooms and do their laundry with an appropriate level of support.

Judgment: Compliant

### Regulation 13: General welfare and development

In the main, residents were supported and encouraged to engage with their employed and voluntary work placements and education programmes, and to develop their life skills and personal development objectives.

The inspector discussed with a number of staff, including residents' key workers, the plans and supports for residents for whom there was an assessed need to engage more with meaningful social, community or recreational opportunities and build on their potential. While staff verbally identified active goals related to new hobbies, social outlets or work experience, staff could not provide evidence of the specific, time bound plans set out to guide the team or track progress of steps towards achieving these goals.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risks which had been identified based on incidents, audit findings and changing

healthcare needs had been appropriately assessed with control measures and actions set out to reduce the relevant risk.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Practices related to the storage, administration, administration and recording of medicine was overall appropriate. Where the provider had identified a pattern in medication errors, risk control measures were implemented and additional training provided to reduce the risks related to same. Where residents were assessed as having the capacity to understand and take their own medicine, this was encouraged and supported.

Judgment: Compliant

### Regulation 8: Protection

In the main, staff could describe what types of safeguarding risks could occur in a residential care setting, and could describe the procedures to follow in response to alleged, suspected or witnessed incidents. Systems were in effect to ensure protection of residents from financial abuse, and in protecting the wellbeing and dignity of residents being supported with personal or intimate care.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' right to privacy and dignity was promoted and there was sufficient space in the centre for residents to spend time alone. Support was delivered in a manner which respected the residents' choice and preferences, while also encouraging residents to challenge themselves, develop their own self-care skills and enhance their personal autonomy.

While a number of environmental and rights-based restrictions were in place in this house, residents indicated that they felt confident in their role in plans for getting these retired. While there was limited formal assessment and risk mitigation conducted for the rights impact of restrictions on residents' lives in this house, the inspector observed examples of where some residents used codes to open locked doors as an interim measure pending their removal or reduction.

The inspector observed respectful and patient interactions between staff and residents, and evidence to indicate that in the main, residents' choices and independence was continuously being enhanced through support structures and reviews of same.

Judgment: Compliant

### Regulation 18: Food and nutrition

There was an adequate supply of food in the house for residents to have meals, snacks and drinks as and when they wished. Some residents were supported to prepare their choice of meals with staff support. Where required due to risks related to food, dietary modifications for one person had been identified. However, the inspector observed this person being served food in a manner contrary to this guidance.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	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 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Substantially compliant

# Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0034145

Date of inspection: 26/03/2024

## 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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> <li>The Person in Charge (PIC) shall conduct a full review of all Individual’s Personal Plans by 16 May 2024 to ensure all goals and outcomes are Specific, Measurable, Achievable, Realistic and Timebound (SMART) in respect to their will and preference to their wishes, aspirations, and life-long goals.</li> <li>The Person in Charge (PIC) shall develop and implement a Centre-Specific Training with Team Members at the next Monthly Team Meeting held on 16 May 2024. The identified training plan shall focus on SMART action planning and enhancing Team Members knowledge of Individuals’ plans, goals, wishes and aspiration.</li> </ol>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> <li>Person in Charge (PIC) shall conduct a review of all Individuals comprehensive needs assessments and ensure all Individuals have adequate food and nutriton available and prepared in line with their assessed needs.</li> <li>Following the above review, and as necessary, Individuals Specific Health Management Plans shall be updated and Team Members briefed on Individuals dietary and nutritional requirements at the next Monthly Team Meeting held on 16 May 2024</li> </ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	16/05/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	16/05/2024
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	16/05/2024

	and drink which are consistent with each resident's individual dietary needs and preferences.			
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