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:	Liffey 1
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0003583
Fieldwork ID:	MON-0036363

About the designated centre

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

Liffey 1 is a residential service for people with disabilities made up of two two-storey buildings in a residential area in a large town in Co. Dublin. The service supports residents to live as independently as they can. Support is based on identified needs and abilities of the residents availing of the service. Of the two buildings, one building is a seven bedroom house with a sitting room, kitchen/dining area, two shower and bathroom areas and a rear garden. The second building is a seven bedroom house with a communal sitting room, kitchen-dining area, utility, three bathrooms and a large rear garden. Each resident has their own private bedroom. Both buildings have one en- suite bedroom. Liffey 1 is a community-based service and offers support to residents to access work, education and recreational activities in the wider community. There is also access to a multidisciplinary team in the service which includes nursing staff, social workers, physiotherapists, occupational therapists, speech and language therapy, and psychology.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 May 2023	09:30hrs to 16:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The designated centre comprises of two houses, each of which were visited by the inspector of social services during the course of the inspection. The inspector had the opportunity to meet with residents and observe interactions in their home during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the residents' quality of life. The inspection was facilitated by the person in charge. Overall the inspection found high levels of compliance with the regulations and that residents were in receipt of a good quality and safe service. However, improvements were required in relation to the maintenance of the premises and fire precautions.

This designated centre consists of two premises in Co. Dublin which are within a short driving distance of each other. They are both close to a local village with good public transport links and local amenities. The centre has the capacity for a maximum of ten residents, at the time of the inspection there were nine residents living in the centre with one resident living at home with family for the past year. The inspector had the opportunity to visit both of the houses and engage with six residents, some residents communicated verbally and other residents used alternative methods of communication. The inspector used observations, discussions with residents and staff, and a review of documentation to capture residents' experience of care and support in the centre.

On arrival to the houses the inspector was greeted by a staff member and were guided as to the current practice in relation to personal protective and equipment (PPE) for the centre in line with National and local policy. The centre was well maintained with a clean and hygienic standard observed in both houses of the centre.

Upon arrival to the first house the inspector observed one resident being supported by staff to engage in activities of their choice, three other residents of this house were attending their day service. The resident did not communicate verbally with the inspector, they appeared at ease in the presence of staff and the inspector observed staff interactions to be warm and friendly. It was clear that staff knew the resident well and were able to respond to and communicate effectively with them. The inspector had the opportunity to speak to one resident on their return to the centre in between activities. The resident was eager to return to their chosen activity for the afternoon and for that reason only spent a brief amount of time with the inspector. The resident told the inspector that they loved their home and that they had a plan each day of activities that they had decided on at the beginning of the week. The resident told the inspector that they could change their plan when they requested and that they had staff to help them to do this if they chose.

In the second house, the inspector had the opportunity to meet with four of the residents living in the centre. One resident told the inspector that they loved the location of their home. That it was in close proximity to a number of shopping centres and had bus routes available to them so that they could travel to the city centre to met friends. The resident spoke about how friendships and family contact were extremely important to them and that this is part of their plan each week. Another resident spoke to the inspector about the recent loss of the pet cat in the centre. The residents were in discussion with each other for another pet, this topic was also discussed in residents weekly meetings.

One resident spoke to the inspector about the plans for their upcoming birthday and the organising that had gone into booking a restaurant and inviting of family and friends. Another resident spoke of the college courses they were completing and plans for their upcoming graduation. The inspector noted that the house was a hub of activity with residents personal phones ringing and visitors being welcomed to the centre throughout the inspection.

The inspector completed a full walkthrough of both houses with the person in charge. Each resident had their own bedroom, with two of the bedrooms fitted with en-suite bathroom to facilitate residents needs. In both houses residents' bedrooms were decorated in line with their wishes and preferences and contained their family photos and personal belongings. All interior spaces where found to be clean, however there were scruff marks noted on the paintwork throughout the main living area and in a number of residents' bedrooms. It was reported that the marks were a result of residents' equipment used for activities of daily living. The inspector observed that there was insufficient storage in one house in the centre which resulted in some clutter in communal areas of the premises.

The centre was staffed by a team of social care workers and health care assistants. On the day of the inspection there was a 0.5 health care assistant vacancy in the centre, this was due to the completion of a business case by the provider to meet the changing needs of one resident. This vacancy was being filled by regular relief staff and the person in charge had oversight and governance of their training and supervision requirements.

The inspector reviewed documentation as well as visiting both houses, spending time with the residents, and meeting with staff and management. Documents reviewed included the most recent annual review and reports written following the most recent announced visits to monitor the safety and quality of care and provision in the centre. There was an accessible annual review completed and made available to residents. It was evident that residents' had been consulted with as part of the process of the annual review, which included residents feedback and pictures highlighting meaningful events. Staff meetings were held monthly in both houses in the centre, a review of a sample of staff meetings found them to have a clear agenda and created a learning forum for staff.

Overall, the inspector found that the provider was recognising areas where further improvements were required and had identified means to make the centre more

accessible for all residents.

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 the quality and safety of the service being delivered

Capacity and capability

The inspectors found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a clearly defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to review the delivery of care and support in the centre including the annual report for 2022 and six-monthly unannounced provider visits as required by the regulations. There were a range of established monitoring systems in place in the centre, including localised medication audits, hygiene audits and maintenance audits. These audits were effective in identifying areas for quality improvement and ensuring that pertinent information regarding the quality and safety of the service was escalated through the appropriate channels.

The registered provider ensured that the qualifications and skill-mix of staff was appropriate to the assessed needs of the residents. Nursing care was available to residents as outlined in the statement of purpose. There was a planned and actual roster available.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the requirements of the regulations, and were found to be aware of their roles and responsibilities in relation to the regulations. They had effective systems for the oversight and monitoring of care and support in this centre. They were found to be motivated to ensure that residents were happy, and demonstrated a great knowledge of each resident and their individual wishes and needs. They were identifying areas for improvement and taking the required actions to bring about these improvements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and the staff's roles and responsibilities were clearly defined. There were systems in place to ensure the provider and person in charge had oversight and were monitoring care and support for the residents in the centre. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements in place for unannounced visits to be carried out on the provider's behalf on a six monthly basis.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Quality and safety

Overall the inspector found that the governance and management systems in place ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Resident's support needs were assessed on an ongoing basis and that the provider was proactive in identifying and implementing measures to ensure that identified needs were adequately met.

Area's for improvements were required in relation to the premises general maintenance upkeep and accessibility, these findings are detailed under Regulation 17. The provider had taken appropriate measures to ensure residents were protected against the risk of acquiring a health care associated infection. Staff had received training in areas such as hand hygiene and infection prevention and

control. Where appropriate, practices in the centre reflected standard precautions. The provider and person in charge had ensured that up to date guidance was communicated to staff and residents in the centre, and policies and procedures were updated and amended accordingly.

There was evidence that residents' healthcare needs were being identified and that residents' had regular access to allied health professionals. Residents' needs were assessed on at least an annual basis and reviewed in line with changing needs. There were personal plans in place that were reviewed with residents and key workers to ensure effectiveness.

While the provider had fire precaution measures in place to protect residents and staff from risk of fire, at the time of the inspection there was outstanding works required on door closing devices for two fire doors in one of the houses. The provider had not ensured that fire drills carried out in the designated centre demonstrated the effectiveness of the fire evacuation procedures and plans. Assurances were required by the provider to test the effectiveness of the fire evacuation procedures and plans. Fire drills completed were not reflective of the most amount of residents and least amount of staff on duty in all parts of the designated centre.

Regulation 12: Personal possessions

There were systems in place for the oversight of residents' finances. Receipts were available for residents' purchases and each resident had a ledger recording their income and expenditure. Residents had financial passports with saving and spending supports plans to promote financial independence. Each resident had a log of their personal possessions.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to a range of opportunities for recreation and leisure. Residents were supported to engage in learning and development opportunities, with residents attending college. The person in charge and support team had completed a business case for the provision of an individualised day service to tailor for the needs of residents. Support plans and assessments undertaken supported further development i areas such as personal relationships, community and social development, and emotional development. Residents were supported to maintain

and develop personal relationships and friendships both in the home and the wider community.

Judgment: Compliant

Regulation 17: Premises

There were a number of outstanding maintenance issues within the centre which were in need of completion including painting, previous water damage to the kitchen ceiling area and addressing damaged tiling to an en-suite bathroom in one house in the designated centre. The person in charge had escalated the required works to the Housing Association and the list of outstanding works was identified and actioned in the Quality Enhancement Plan (QEP) and was on the agenda at house meetings and meetings with the programme manager. However, no time frame was in place as to when the works in the centre would commence.

There was insufficient storage throughout one house in the centre which resulted in some clutter in communal areas of the premises.

A ceiling hoist was assessed as being required for one resident in the designated centre. The person in charge had completed assessments with the relevant allied health professionals and had sought quotations for the work to proceed. At the time of the inspection the planned works and funding had been approved, however there was no schedule in place for the works to be completed.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was an up-to-date risk management policy available to staff. The centre's risk register was reviewed and found to be an accurate reflection of the known risks in the designated centre. The risk register was found to be a live document within the centre to guide the practice of support staff. Individual assessments were available for each risk and had been reviewed regularly.

There was evidence of arrangements in place for the identification, recording and learning from adverse events involving residents, which were communicated to staff through the staff meeting forum.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, the person in charge and staff team were adhering to current national guidance and practices implemented were reflective of guidance. The centre was maintained in a clean and hygienic condition throughout. Hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff, and staff had received relevant training. The person in charge had implemented an auditing system for protection against infection that is completed by staff on a monthly basis to increase shared learning amongst the team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had installed a number of door closing devices in the designated centre. At the time of the inspection there was outstanding works required on door closing devices for two fire doors. The provider had not ensured that fire drills carried out within the designated centre demonstrated the effectiveness of the fire evacuation procedures and plans. Assurances were also required by the provider to test the effectiveness of the fire evacuation procedures and plans. Fire drills completed were not reflective of the maximum number of residents and least amount of staff on duty in all parts of the designated centre. The provider had identified that night time evacuation could be problematic for one resident in the event of a fire due to behaviours of concern. The provider had not given clear direction in relation to support required by resident for safe evacuation through personal emergency evacuation plans.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment, that was completed by appropriate health care professional, which recognised the health, personal and social care needs of residents and had been reviewed annually or in line with changes in residents assessed needs. Residents were in receipt of personal plans that promoted a person centred approach with evidence of the residents participation identified throughout the process. Personal plans were reviewed regularly through meetings with residents and key working support staff.

Judgment: Compliant

Regulation 6: Health care

Residents had their own general practitioner, and had nursing support available as required. Residents had access to a variety of allied health services, such as occupational therapy, dentist and physiotherapy. A review of residents files demonstrated that residents had access to hospital consultant, national screening programmes and specialised nursing support and that residents are assisted to make decisions in relation to their health care needs . The person in charge had ensured that residents receive support at times of illness which meet their physical, emotional, social needs and respects their dignity, autonomy, rights and wishes.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not 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 6: Health care	Compliant

Compliance Plan for Liffey 1 OSV-0003583

Inspection ID: MON-0036363

Date of inspection: 03/05/2023

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 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Maintenance Manager to organize a contractor to visit the site and identify works, costings and timeframe by 30/07/2023. • SJOG Housing to organize a contractor painter to visit the site and identify costings, works and timeframe by 30/07/2023.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • Two Fire door closers are scheduled to be installed in one location by 30/08/2023. • A Residents Personal Evacuation plan has been updated to include supports required by the Resident for deep sleep fire drills. • A Deep sleep fire drill has been scheduled in one location with the least amount of staff and maximum number of Residents. This drill will take place on 29/06/23.	

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.	Not Compliant	Orange	30/09/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.	Not Compliant	Orange	30/09/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Not Compliant	Orange	30/09/2023

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/08/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/08/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/08/2023
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/08/2023

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/06/2023