



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 4
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0005781
Fieldwork ID:	MON-0036242

About the designated centre

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

Liffey 4 is a designated centre operated by St. John of God Community Services Company Limited by Guarantee. The designated centre is comprised of two detached community houses based in West Dublin. The service provides residential care and support for up to seven residents with intellectual disabilities. Support is based on identified needs and abilities through relevant assessments. The aim of Liffey 4 is to support residents to live as independently as possible and to enable them to plan for and achieve their goals they set in their lives. Each resident has their own bedroom in each residential unit that makes up the centre. Residents are supported by a staff team of social care workers and a social care leader who holds the role of the person in charge of the centre. Residents in Liffey 4 are supported to avail of meaningful day services. The day service the individual attends depends on the individuals' needs and preferences. The residents are supported to access the community and access work and education opportunities through these day services. Where a resident has chosen not to attend a day service they are supported to avail of a meaningful day from their home through activities in the community.

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 13 June 2023	09:25hrs to 15:15hrs	Erin Clarke	Lead
Tuesday 13 June 2023	09:25hrs to 15:15hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

The purpose of this unannounced risk-based inspection was to assess the provider's ongoing progress with their submitted improvement plan following a previous inspection of the centre in November 2022. To evaluate the impacts and outcomes for residents, the two inspectors of social services focused the inspection on key quality and safety regulations. It was found that a number of actions proposed by the provider to reach compliance with a number of regulations, such as safeguarding residents, compatibility assessments, and more effective oversight arrangements, had been implemented.

This designated centre comprises of two houses, both of which are located within a short distance of each other. One of the houses is home to three residents, while the other house is currently home to two residents, with two vacancies. On the morning of the inspection, each inspector first visited a separate house and had the opportunity to meet the residents who lived there. Many of the residents chose to engage with the inspectors and to tell them about life in Liffey 4.

The two inspectors arrived unannounced separately at both houses in this designated centre. While one house had been the focus of recent risk-based inspections due to ongoing compatibility concerns, the second house had not formed part of these inspections. The inspectors met with four of the five residents currently living across both houses, staff, the previous person in charge and the manager of residential services for the region. As well as observations of residents' daily lives, interactions of staff with residents and discussions with key personnel, the inspectors completed a documentation review in relation to the care and support provided to residents. The person in charge had ceased their position a day before the inspection to transfer to a new centre operated by the provider to support one resident who transitioned from the centre to a stand-alone service. They, however, made themselves available for the inspection and provided ongoing support to staff during the transition period, as confirmed by staff met with by the inspectors.

In the house that was home to two residents, the inspector was aware that a transition of a third resident had taken place a few weeks prior to the inspection. This transition was the direct result of an initial inappropriate placement in 2020 and the failure of the provider to respond or action compatibility concerns that arose in the centre shortly after this placement. The inspector reviewed the transition process for the resident and found it had been planned for with the resident and their family representative consultation. The person in charge had also transferred along with some members of the staff team to the new individualised service to ensure a successful outcome for the resident.

When the inspector arrived at the house, it was empty, and after a short while, a staff member returned to the house with one resident after dropping another resident to their day service. The resident animatedly informed the inspector how happy they were living in their home now. It was clear to the inspector, from having

met the resident on a previous inspection, that they now felt safe in their responses to the inspector. The resident was looking forward to the future and spoke of their plans to visit London and Harry Potter World with their keyworker. The resident showed the inspector their bedroom, which contained many Harry Potter books, DVDs and memorabilia. While the resident was proud of their bedroom, they also informed the inspector that they were pleased they did not have to spend as much time in their bedroom as they previously did.

The inspector met with a relief member of staff working in this house. They had worked in the house for over a year and also in the new centre the resident had moved to, forming part of the transition plan. They spoke to the inspector about the recent transitions, which had resulted in positive outcomes for all residents. The staff member spoke about residents in a respectful and dignified manner and was able to inform the inspector about their individual likes, dislikes and preferences. The staff member relayed that residents appeared much happier in their new living environments, and as a result, safeguarding incidents and restrictive movement around the house were no longer an ongoing concern.

While the inspector was present in this house, a calm environment was observed, with the resident appearing relaxed and comfortable in the presence of staff who interacted appropriately with resident. The resident was heard to be laughing with staff and spent the majority of the inspection in the common areas of the house. This was in contrast to previous inspections where due to safety and intimidation concerns, the resident sought out and stayed in their bedroom.

On a walkaround of this house, the inspector did observe some fire containment issues, which are detailed in the quality and safety section of this report.

The other inspector met with three residents who lived in the second house of the designated centre. This house was located within a short distance of Dublin city centre. The residents here all chose to talk to the inspector in some detail regarding their experiences of living in Liffey 4. One of the residents told the inspector that they liked living so close to town and enjoyed walking into town to go shopping or to the pictures. This resident described their part-time work in a hotel and said they enjoyed this. The resident spoke about how staff were supportive and kind. They said that staff helped with the cooking and with any problems that the residents may have. The resident told the inspector that they had broken one of their personal possessions the day previously and that they were a bit upset about this. Later, the inspector heard staff supporting the resident to plan how to replace the item.

Another resident told the inspector that they had lived in the house for several years and that they liked living there. They stated that the residents "get on grand" and that the staff were helpful. The resident said that they enjoyed playing guitar and showed the inspector their guitar in the living room. The inspector saw that this resident appeared comfortable in their home. They were assisted by staff in selecting their preferred TV programme and planned to spend the morning relaxing at home.

A third resident was in the process of getting ready for work as the inspector arrived. The inspector saw that this resident was dressed smartly and appeared proud of their appearance. The resident told the inspector that they had moved to the centre when a family member had passed away which was hard for them. This resident communicated using Lámh (modified sign language) and other visual supports to tell the inspector that they liked the staff and their housemates. The resident described accessing a wide variety of community activities including boxing and swimming. The resident told the inspector that they travelled independently to work by walking and getting public transport.

The inspector heard residents and staff talking throughout the morning. Resident and staff interactions were heard to be familiar and supportive. Staff were heard engaging positively with residents and reassuring residents when they expressed feelings of sadness or worry, for example, when discussing items that had broken or bereavements of family members.

The inspector also saw that this house was very clean, well maintained and homely. Residents had access to a sitting room, kitchen, individual bedrooms and shared bathroom. One of the residents showed the inspector around the downstairs of their home and, in particular, showed the inspector the shed where boxing equipment was kept for one of the resident's use. The premises was seen to be bright and homely. There were photos of residents on the walls and a salt lamp and aromatherapy diffuser in the downstairs of the house.

Residents in this house were well informed regarding the fire evacuation arrangements and showed the inspector how to open the emergency exit and described where the fire assembly point was. The inspector saw that staff supported residents to maintain their autonomy in activities of daily living by providing prompts and support to do their own laundry and to get ready for work on time.

Overall, the inspectors found that the provider had responded effectively to previously identified safeguarding risks and that residents were now in receipt of a quality and safe service.

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

A previous inspection of this designated centre carried out in November 2022 found high levels of non-compliance in areas such as governance, complaints, staffing, safeguarding and the promotion of residents' rights. As the provider had not demonstrated that they could achieve a satisfactory level of compliance, the Chief Inspector of Social Services proposed to cancel the registration of the centre under

Section 51 of the Health Act (as amended) 2007. In response, the provider submitted a detailed representation response in January 2023 outlining the actions they were going to take to bring the centre into compliance and address ongoing compatibility issues. A second unannounced inspection was carried out in February 2023 to assess the provider's progress with their representation. That inspection found that while the provider had enhanced their oversight of the designated centre, there was further work required to ensure that the centre was being carried on in accordance with the regulations.

The purpose of this inspection was to monitor the provider's efforts to come into regulatory compliance following previous inspections where safeguarding concerns had been identified. This was an unannounced inspection completed by two inspectors in order to ensure that both houses of the designated centre were inspected. Overall, the inspectors found that this centre met the requirements of the regulations in many areas of service provision and that appropriate action had been taken by the provider to address the safeguarding concerns. The inspectors also found that the provider had implemented systems to mitigate against future peer compatibility and safeguarding issues.

The inspectors were informed that the new person in charge would be starting the role shortly. There were good arrangements for the management team to meet and communicate. The person in charge and programme manager, along with the residential coordinator, had formal monthly meetings as well as frequent informal communication. The person in charge also prepared a regular quality and safety report for the programme manager to support their oversight of the centre. The report provided information on a range of topics, such as residents' needs, complaints and compliments, and safeguarding.

The inspectors found that there was a stable workforce employed in the centre. It was clear to the inspectors that there was good continuity of care and support which resulted in staff and residents developing good relationships. Staff members knew the residents and their individual support needs well, including their means of communication. There was evidence available to demonstrate that there had been investment in the training and upskilling of the staff team across a number of key areas, which included positive behaviour support. A training matrix was maintained for the centre which showed that there was a high level of compliance with mandatory and refresher training. Staff were in receipt of support and supervision through ongoing training and regular staff meetings.

Regulation 15: Staffing

There were sufficient numbers of staff members employed in the centre to meet the assessed needs of residents. The resident group were observed to receive assistance, care and support in a respectful, timely and safe manner. There was good continuity of care and support being provided. Gaps in the roster were filled by a small panel of in-house relief staff.

There were actual and planned staff duty rosters maintained, which clearly communicated the start and finish times of shifts, the names of staff members on duty, along with their job titles.

The staffing arrangements had been recently reduced in one house since the previous inspection, whereby residents had the support of one-to-one staffing ratios as part of an interim safeguarding plan. Since the transfer of one resident, one staff member was now rostered to work with the two remaining residents. The person in charge also based themselves in the centre a number of days a week. From speaking to staff and management, while staffing arrangements were under review, it appeared that the roster supported the current residents' needs at the time of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the staff training records in the designated centre. It was found that there was a very high level of compliance with mandatory and refresher training. All staff were up to date in training in key mandatory areas such as fire safety, safeguarding vulnerable adults and safe administration of medications.

The inspectors spoke to several staff members in both houses of the designated centre on the day of inspection. Inspectors found that staff were knowledgeable regarding the residents, their assessed needs and the staff roles and responsibilities in supporting the residents.

There were regular staff meetings held in both houses of the designated centre. The meeting records of these were reviewed by the inspectors. The meetings were used to discuss issues important to the running of the designated centre and provider-level updates and communications. Action plans were derived from these meetings where required and actions were assigned to responsible persons.

The inspectors found that there was a commitment from the person in charge to drive quality improvements and provide support to staff due to the adverse working conditions that preceded this inspection. Staff meetings included a representative from Human Resources to deliver resilience and conflict training.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with associated lines of authority and accountability. All members of the management team were found to be

committed to ensuring all residents were in receipt of a quality service and improving and implementing change within the organisation. The overall findings of this inspection highlighted that the registered provider had addressed safeguarding failings in the centre, and the current management group were responsible for much-improved levels of oversight and met regularly to review this centre's progress and assess if particular actions had been completed.

A key part of the provider's response was to demonstrate the fitness and capacity of the provider to respond appropriately to adverse events in a timely manner. Significant changes had occurred to the escalation pathways within the organisation that would better inform the CEO and board members of the operations of the multiple designated centres within the region. The inspectors found increased reporting mechanisms from local to senior management, which were then referred to the regional director, who then reported to the CEO. This included the status of actions and recommendations arising from the comprehensive and detailed six-month unannounced audits completed by the quality and safety team. While these audits were already taking place and had quite clearly identified concerns with the centre prior to the November 2022 inspection, the inspectors found delayed and non-prioritised responses to these concerns.

The inspectors were informed of the new 'fail-safe' process whereby if the quality and safety team were concerned at the severity of issues identified during an unannounced audit or the failure to appropriately address actions from the previous six-month unannounced visit, the auditor was obliged to escalate this concern before leaving the centre. The inspectors were satisfied that previous breaches under this regulation had been appropriately addressed through the above changes.

Judgment: Compliant

Regulation 34: Complaints procedure

Actions from the inspection in November 2022 had been completed by the provider. Residents were aware of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them. Long-standing open complaints by residents and their representatives were now closed with the successful completion of safeguarding plans.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for

the residents who lived in the designated centre. The inspectors found that the provider had reviewed the overall admissions process and addressed compatibility issues, resulting in a more person-centred and quality service for residents. The inspectors found that residents were supported to enjoy an improving quality of life while living in this centre. It was clear to the inspectors that residents were being provided with a more person-centred service, and the provider was increasingly delivering services to aid the delivery of care and support to residents in line with their human rights. Improvements to the fire containment measures were required to ensure the most optimum standard of fire safety precautions within the centre.

This inspection aimed to ensure that residents felt safe living in this centre and that the provider had addressed areas of non-adherence to the quality and safety regulations. Residents who met with the inspectors clearly outlined their recent satisfaction with the service and that they now felt safe. Evidence from the inspection showed that the actions outlined in safeguarding plans had been implemented and had been successful for all residents involved. Namely, this involved reviewing the placements of residents that had been inappropriately admitted into the centre without due process to ensure the placement met the needs of the resident, and the admission process took into consideration the compatibility requirements of all residents.

A comprehensive compatibility assessment tool had been developed for the service as a whole, which would better plan for new admissions, flag compatibility concerns, and manage placement reviews. The assessment tool had been piloted in other designated centres and took a holistic approach to how admissions of new residents to a centre should take place. This included weekly meetings for two months post-admission to ensure that the compatibility of residents was actively assessed for any negative interactions that may impact another resident's quality of life.

The inspectors found that there had been a significant reduction in the use of restrictive practices in one house that had been implemented as a safeguarding measure to reduce adverse incidents between residents. Residents were observed to have greater freedom of movement in the house, and their right to feel safe in their home had been established.

The inspectors reviewed the fire safety arrangements of the centre. Overall, it was demonstrated fire containment measures differed in standard between the two houses in the designated centre. While the provider had installed fire doors throughout both houses, not all doors had been fitted with door-closing devices. The inspectors tested a sample of fire doors and found that some did not close properly which comprised the effectiveness of the fire containment measures. This required improvement to ensure the most optimum fire containment measures were in place. In addition, the provider was required to review the use of keys in exit doors and put in place more effective open and close devices to enhance evacuation procedures in the centre. The inspectors also noted the use of door wedges on two doors, hindering the containment function of these fire doors.

Regulation 13: General welfare and development

Residents in both houses of the designated centre were supported to access a wide variety of educational, recreational and employment activities. Some residents in the designated centre participated in supported employment and spoke positively about their work. Other residents accessed local community colleges for further training and education. Many of the residents were supported to travel independently and to access their community by public transport in line with their own wishes and needs.

Residents engaged in a wide variety of community activities including dancing, boxing and swimming.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge was cognisant of their responsibilities in terms of involving residents in their own transition plans. One resident had recently transferred to a new centre with the support of the person in charge and the staff team. The resident received very good support in line with their assessed need to reduce their anxiety. Details of the successful transition were verified in another inspection of the new centre following this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks within the centre, and comprehensive risk assessments were in place for issues which had the potential to impact upon resident's individual safety or the overall delivery of care. Risk assessments were subject to regular review, and they were also amended to reflect where changes in care had occurred. In addition, the provider had an incident reporting system in place which assisted in ensuring that senior management would be made aware of issues, incidents or accidents which had the potential to impact on the quality or safety of care.

A comprehensive risk register was in place for the designated centre. The inspectors saw that, where a risk had been identified, there were proportionate and person-centred control measures were in place.

Inspectors saw that education and support had been provided to residents in order to mitigate against specific risks. This was being effective in encouraging a culture

of positive risk taking and supporting residents to maintain their autonomy and independence.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. The person in charge had prepared written fire evacuation procedures and personal evacuation plans for staff to follow in the event of a fire. There were regular fire drills to test the effectiveness of the procedures and plans. The fire drills included scenarios with the most amount of residents and the least amount of staff on duty to demonstrate that residents could be safely evacuated.

Some of the exit doors were key operated which did not ensure prompt evacuation in the event of a fire. While the provider had installed fire doors throughout both houses, not all doors had been fitted with door-closing devices. In addition, the effectiveness of some existing fire doors were compromised by the use of door wedges or by defective door frames.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had ensured that where residents required behavioural support, suitable arrangements were in place to provide them with this. Clear behaviour support plans were in place to guide staff on how best to support these residents, and regular multi-disciplinary input was sought in the review of residents' behavioural support interventions.

Overall, environmental and rights restrictions evident on previous inspections of the centre had ceased. There were some remaining restrictive practices in place, and these were maintained under regular multi-disciplinary review to ensure the least restrictive practice was at all times used. The management team outlined rights-restoration plans to further reduce restrictive practices and outlined enhanced rights committees at the provider level to oversee these processes.

Judgment: Compliant

Regulation 8: Protection

Safeguarding had been a prominent area of concern in this centre, as identified during the two previous inspections of this centre. As a result of these inspections, inspectors were not ensured that the provider sought to ensure that residents were safeguarded at all times.

The current inspection demonstrated the registered provider's commitment in ensuring the safety of residents availing of the services of the centre and within the organisation as a whole.

The registered provider had taken considerable steps to review placements within the centre and, as a result, enhanced the quality of life and the lived experience of residents in the centre. These were evidenced through the completion of compatibility assessments, referrals to independent advocacy services, planning for transition to community living for one resident, and reduction in the use of restrictive practices.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 4 OSV-0005781

Inspection ID: MON-0036242

Date of inspection: 13/06/2023

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All necessary door closers will be added or fixed. Any exit doors that have keys will be replaced by twist locks. The defective door frame will be fixed.</p> <p>All actions have already been sent onto our maintenance team and will be completed in a timely manner.</p>	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/12/2023