



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

Issued by the Chief Inspector

Name of designated centre:	Liffeyvale Farmleigh Respite Service
Name of provider:	Health Service Executive
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	21 November 2022
Centre ID:	OSV-0003375
Fieldwork ID:	MON-0036027

About the designated centre

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

This designated centre provides specialist respite care for 60 children with autism both male and female on a rotational basis. The maximum number of children accommodated for a respite break at the same time is nine. The centre consists of two houses both of which are in Co. Dublin area and close to a variety of local amenities and public transport links. The first house consists of five single bedrooms with four ensuite bathrooms, a staff office, a kitchen, dining area, two sitting rooms and a playroom room. The second house has four bedrooms one of which is ensuite, two bathrooms, a kitchen come dining room, sitting room, playroom and multisensory room. Children are supported by a staffing team 24 hours a day seven day a week and the team comprises of a person in charge, clinical nurse managers, staff nurses, health care assistants and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 21 November 2022	09:10hrs to 14:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements the registered provider had in place in relation to infection prevention and control (IPC) in this designated centre. Overall the inspector of social services found that provider had good arrangements in place in relation to IPC; however, some actions were required to ensure that they were fully implementing the National Standards for infection prevention and control in community services (Health Information and Quality Authority (HIQA), 2018), and fully compliant with Regulation 27, Protection against infection. These areas related to the provider's audits and policies, risk management, and some areas of the house where maintenance or repairs were required. These areas will be detailed later in the report.

Liffeyvale Farmleigh Respite Services provides respite for up to nine young people with an intellectual disability. The centre is comprised of two houses in Co. Dublin, both of which are close to public transport links and a variety of local amenities. There were no young people in either of the houses at the time of the inspection as they were in school, so the inspector did not have an opportunity to meet or speak with any young people. As a result the inspector used observations, discussions with staff and documentation to determine young peoples' experience of care and support in the centre, particularly relating to infection prevention and control measures in the centre.

On arrival to both houses the inspector was greeted by staff who were wearing the correct level of personal protective equipment (PPE) in line with the latest public health guidance. They directed the inspector to a hall table which contained a visitors book, PPE, and hand sanitiser. Over the course of the inspection, the inspector had an opportunity to meet and speak with five staff members including two household staff. They were each observed to use standard precautions throughout the inspection. For example, they were observed to wash their hands between tasks and to engage in appropriate practices during food preparation. Staff had completed a number of IPC related trainings and were found to be knowledgeable on their responsibilities in relation to IPC. A number of staff described the steps they take on a daily basis to keep themselves and young people safe from infection. They described the systems they had in place for cleaning, including regular touch point cleaning. They also talked about using colour coded chopping boards, cleaning cloths and mops.

In each of the houses there was a a vehicle to support young people to access their favourite activities and their local community. There was an infection control touch point cleaning schedule in place for each of the vehicles. At the time of the inspection there were plans in place to get a new vehicle for one of the houses. They also had access to plenty of private and communal spaces in the house. In each of the houses there were play areas indoors and outdoors. There were systems in place to clean toys and equipments after they were used by young people.

There were systems to ensure young people were aware of the IPC measures that may be used in the centre. For example, residents meetings were occurring regularly and discussions were being held in relation to IPC, and how young people could keep themselves safe against the risk of infection. There were posters on display in relation to standard precautions and there was easy-to-read information available for young people on COVID-19, and standard precautions.

A telephone questionnaire was completed prior to young people attending respite. During this call staff and young people's representatives had discussions on signs and symptoms of infection. If during this call it was deemed that a young person may have, or be at risk of having an infection their respite break would be rescheduled.

Both premises was found to be very clean throughout. The staff team had systems in place to ensure that cleaning was completed in line with the provider's policies and procedures, while ensuring that it did not impact on their availability to support young people. For example, where possible, cleaning was scheduled at times when young people were at school or after young people were discharged and prior to admissions.

The inspector observed staff completing regular touch point cleaning during the inspection and cleaning records were maintained to ensure that each area of the houses were cleaned regularly. However, due to some broken surfaces it was not possible to effectively clean some areas, and these will be discussed later in the report.

Residents and their representatives' input was sought as part of the annual and six monthly reviews of care and support by the provider. The six monthly review included comments such as "...loves going to respite", "delighted with respite services", and "...is very well supported in respite and always happy when they return home".

A sample of feedback from the most recent satisfaction surveys for the centre were reviewed and the feedback in these was found to be very positive. Overall, both young people and their representatives were happy with care and support in the centre. A number of questionnaires referred to a preference or need for more access to respite, or for longer periods of respite. Examples of positive feedback in the questionnaires were, "...is perfect, we would be lost without it", "the service provided is a lifeline for our family", "...is so happy going to respite", and "very happy with the service". Examples of comments made by young people in their questionnaires were "... is the No. 1 respite", and "I am happy with everything".

The next 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. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall the inspector found that the registered provider was implementing systems and controls to protect young people, staff and visitors from the risks associated with infections. There were systems for the oversight of infection prevention and control practices in the centre, and staff showed an awareness of the importance of standard precautions. However, improvements were required in relation to the provider's audits and policies, risk management, and the maintenance and upkeep of some areas of the centre.

The staff on duty in both houses facilitated the inspection as the person in charge was on planned leave. The inspector also had the opportunity to talk to the director of nursing on the phone. Staff who spoke with the inspectors were very much aware of their roles and responsibilities in relation to IPC and motivated to ensure young people, staff, and visitors were kept safe from infection. They told the inspector who they would escalate any IPC related risks or concerns to.

There was an infection prevention and control nurse available to support staff and IPC audits were completed regularly on areas such as the environment, equipment, laundry management, waste management, and hand hygiene. These audits were picking up on areas for improvement and leading to improvements. For example, a new fridge, freezer and microwave had been purchased for one of the houses following the findings of one audit.

A risk based approach had been adopted to the management of infection prevention and control and staff had access to up-to-date information and national guidance documents. However, there was duplication of documentation found in some information folders for staff, and as such some information that needed to be archived or removed in order to ensure staff were accessing the most up-to-date information. There were a number of infection prevention and control related general risk assessments in the centre; however, the majority of these were COVID-19 related. The inspector acknowledges that risk assessments for general IPC risks were sent to the inspector after the inspection. There was limited evidence of individual risk assessments relating to IPC related risks for young people attending respite, and the risk register had limited mention of infection prevention and control risks. The inspector acknowledges that additional information in relation to the risk register was submitted after the inspection, and that there were systems in place to ensure that young people did not attend respite if they were feeling unwell.

There were area specific contingency plans in place. There had been no outbreaks of COVID-19 in the centre since the last inspection, but there were systems in place to ensure that contingency plan were reviewed regularly to ensure they were effective. The provider's infection prevention control policy was under review at the time of the inspection as they were aware that the policy in place did not contain sufficient information to guide practice, particularly on area specific procedures. The provider was aware of this and planned to include information from IPC audits and

reviews in the next annual and six monthly reviews. The providers' annual review and six monthly reviews contained limited information on infection prevention and control. Staff meetings were occurring regularly in the centre and infection prevention and control was regularly discussed.

The provider was planning and organising the staff team to meet the service's infection prevention and control needs. There were out-of-hours and deputising arrangements in place to support residents and staff. There were a number of staff vacancies and where possible these were covered by regular agency staff.

Quality and safety

Overall the inspector found that there were systems in place to ensure that young people were being kept up-to-date in relation to IPC measures in the centre. The inspector found that some improvements were required in relation the maintenance and upkeep of some areas of the premises, and to the risk register and risk assessments.

Residents were being provided with information and involved in decisions about IPC in the centre. Residents' meetings included discussions around the risk of infection, the steps to take to keep safe, and the importance of things like hand hygiene and keeping the house clean. There was a risk register; however, it had limited reference to infection prevention and control related risks other than COVID-19. It was not found to reflect the effectiveness of the systems and control measures in place in the centre.

From the sample of residents' care plans reviewed there was limited information in place in relation to infection prevention and control and any vulnerabilities they may have to infection. However, this was not found to be contributing to significant risk for residents as they did not have any significant health related conditions and were usually attending respite for short periods of time. In addition, staff who spoke with the inspector clearly described how they would support residents.

As previously mentioned staff were observed to adhere to standard precautions during the inspection and they had completed a number of IPC related trainings. For example, they had completed an introduction to IPC, and trainings on the use of PPE, hand hygiene, and food safety. Feedback in the six monthly and the latest annual survey was very complimentary towards the staff team with comments such as "staff are lovely", "staff are so kind", "staff are amazing", and "staff deserve a special mention for their commitment during COVID".

Throughout the pandemic there was a system to check and record residents, staff and visitor's temperatures and to check if they have any signs or symptoms of infection. The frequency and recording of temperature and symptom checks had changed in line with national guidance just prior to the inspection.

The inspector found that the centre was clean and for the most part, well maintained. However, there were a number of areas where surfaces were broken and these were affecting the ability to clean and disinfect them. These will be discussed under Regulation 27.

There were policies, procedures and guidelines in place for cleaning. There were colour coded cloths and mops and evidence that cleaning equipment was cleaned and laundered regularly.

There were adequate arrangements for laundry and waste management. There was a dedicated area for waste and a clinical waste. There was no specialised equipment in use in the centre at the time of the inspection but the provider had guidance documents and procedures in place, should there be any in the future.

Regulation 27: Protection against infection

Based on discussions with staff, and what the inspector observed and read, the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required in order for them to be fully compliant.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents, staff, and visitors were fully protected from exposure to infection. These included the following:

There were areas in the centre where maintenance and repairs were required. For example:

- There was damage to the kitchen presses in one house which was affecting the ability to clean and disinfect it.
- There had been a leak in one of the living rooms in one house and it had been reported at the time of the inspection and works were planned.
- A table in the kitchen in one of the houses had damaged surfaces.
- There were broken tiles in one of the bathrooms and the sealant around the bath was discoloured.
- Paint was chipping in a number of areas.

The inspector acknowledges that the majority of these had been reported at the time of the inspection and that some of the works had been approved.

In addition:

- The provider's policy required review to ensure it was specific to the organisation and fully guiding staff practice.

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 Liffeyvale Farmleigh Respite Service OSV-0003375

Inspection ID: MON-0036027

Date of inspection: 21/11/2022

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>Items highlighted for maintenance repair</p> <ul style="list-style-type: none"> •Table in one unit – previously reported to maintenance in October will be addressed either re-sanded or replaced. •Tender For house painting includes the ceilings and request for approval sent to DON on the 16.11.22 (one unit). •Kitchen presses / counter tops sent to maintenance and DON For addressing (one unit) 23.11.22 •Bathroom in one unit to be refurbished – to be added to minor capital costs for 2023. •Risk assessment on general IPC which was on site sent to regulator for her viewing 29.11.22 •Young persons who require specific care plans and or individual risk assessments in relation to IPC will be drawn up and implemented . We will update the other support plans to include more detailed care plans on IPC for all children and young persons. •The IPC policy will be updated to reflect the wider scope of IPC for the service with the ADON IPC .Meeting scheduled for December. 	

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	13/11/2023