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 6
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	11 May 2022
Centre ID:	OSV-0003921
Fieldwork ID:	MON-0030984

About the designated centre

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

Liffey 6 designated centre, as part of St. John of God, Liffey Services, provides residential services to male and female residents over the age of 18 in two housing estates in Co, Dublin. The maximum capacity of the combined service is eight residents. One house, a semi detached bungalow has four bedrooms available to residents, a sitting room, a kitchen dining area, accessible showering and bathing areas and an utility area. The other house is a two storey detached house with five bedrooms available to residents. One bedroom on the ground floor is accessible with an ensuite. There are separate showering areas off the kitchen and upstairs. All residents have access to multi-disciplinary team including social workers, physiotherapists, occupational therapists, speech and language therapy and psychology. Residents are supported by a team of social care workers and a social care leader. There are service vehicles available for the transport of residents and the location is also serviced well by public transport to shops, restaurants and social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 11 May 2022	09:50hrs to 15:00hrs	Amy McGrath	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 completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance, and adhered to public health guidance at all times.

There were eight residents living in the centre at the time of inspection, with four residents in each of the two homes. There were no vacancies. The inspector met with three of the residents who lived in Liffey 6. Other residents were attending day services or planned activities when the inspection occurred. Some residents spoke with the inspector, and others engaged with the inspector with support from staff. Residents appeared comfortable in their home, and were engaged in the daily running of the house in line with their abilities and preferences. The residents were observed to comfortably use their environment and communicate their needs to staff. Residents appeared content in each others company and engaged in friendly conversation with each other.

One resident was observed to make themselves hot drinks and snacks at various times throughout the inspection. Another resident spoke briefly with the inspector on their return from work. The resident chose not to share their views on the service and instead spoke about their interests and current affairs. This resident was seen to communicate their needs to staff and appeared to be comfortable advocating their own interests and needs. Staff were observed at all times to engage with residents in a respectful and responsive manner.

The centre comprised of two premises, located within close proximity of each other in a South Dublin suburb. One home comprised a two-storey detached house with five bedrooms, a living and dining room, kitchen, utility area, and four bathrooms. This home had been renovated in 2020 and was finished to a good standard. It was neatly maintained and decorated in a homely manner. The carpet on the stairs needed to be replaced as it was very worn, with damage on each step.

The other home was a semi-detached bungalow with five bedrooms, two bathrooms, living area, kitchen and dining room, and staff office. It was generally clean and tidy, and nicely decorated. Some areas, such as storage presses, required a deep clean as they had a heavy build-up of dust and grime. There was heavy dirt noted on some of the windows also. New furniture had been purchased in the weeks preceding the inspection, such as dining and living room furniture. The cabinets in the kitchen were noted to be damaged in places, which was not conducive to thorough cleaning.

One of the bathrooms was found to be untidy and contained a bath that was not used by residents. Residents used the toilet and hand basin in the bathroom and it was also used for the storage of cleaning supplies and personal protective equipment (PPE). The unused bath and water outlet presented an infection control

risk that had not been identified by the provider. The provider was required to submit an urgent compliance plan to address this risk. This is discussed in further detail later in the report.

There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre.

Overall, it was found that residents were supported to live active lives in accordance with their interests and preferences. The provider was ensuring that person-centred care was delivered which promoted residents' independence and safety. There were some deficits noted in relation to infection prevention and control, and risk management, which are detailed later in the report.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management systems had ensured, for the most part, that care and support was delivered to residents in a safe manner and that the service was consistently monitored. Some additional quality improvement was required in relation infection prevention and control (IPC) and risk management; notwithstanding, the inspector found that residents received high quality care that was informed by their needs and expressed preferences.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There were clear reporting mechanisms in place. A number of systems of oversight were in place to ensure the quality of care and support was monitored at all times. A suite of audits had been completed by the person in charge, which included infection prevention control audits, medication, and health and safety. The provider had carried out an annual review of the quality and safety of the service, and there were quality improvement plans in place where necessary.

The provider ensured an unannounced visit to the centre occurred every six months, on which a report on the quality and safety of the service was produced. This report was found to be comprehensive in scope and assessed the provider's compliance with the National Standards for Residential Services for Children and Adults with Disabilities (HIQA, 2013).The provider had self-identified some quality improvement issues, for example, in relation to premises, that had been acted upon.

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents. Residents were supported by a team of social care workers and a healthcare assistant, who were managed by a

social care leader.

There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. There were a number of staff vacancies at the time of inspection, which were filled by relief staff. Workforce planning was found to consider any changing or emerging needs of residents and facilitated continuity of care.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs.

There were records maintained of incidents that occurred in the centre, and all adverse incidents had been notified as outlined in the regulations.

Regulation 15: Staffing

The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meets residents' assessed needs. There was a planned and actual roster maintained that accurately reflected the staffing arrangements in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge monitored staff training and development needs and there were adequate arrangements in place to ensure that staff had the required training to carry out their roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with identified roles and responsibilities.

The provider had carried out an annual review of the quality and safety of the service, and had conducted unannounced audits on a six monthly basis. These

audits informed a quality enhancement plan overseen by the person in charge, and were found to effect positive change in the centre

Judgment: Compliant

Regulation 31: Notification of incidents

The provider maintained a record of adverse incidents that occurred in the centre, and those required to be notified to the Chief Inspector of Social Services were found to be notified accordingly.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and offered a comfortable and pleasant place to live. For the most part, the governance and management arrangements ensured that residents were kept safe, although improvement was required with regard to risk management, infection prevention control, and fire containment measures.

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Residents' communication support needs had been comprehensively assessed in consultation with an appropriate allied health professional. There were detailed and person-centred support plans in place that provided guidance to staff so as to ensure residents could communicate their needs and make choices in their home. Staff were noted to be familiar with residents' communication techniques.

Residents had access to a wide variety of nutritious and wholesome food and meal planning was found to consider residents' preferences and dietary requirements. Residents were observed preparing small meals and snacks independently throughout the inspection. A review of records found that residents regularly enjoyed meals in local restaurants and cafés.

There were arrangements in place to protect residents from the risk of abuse. Staff had training in safeguarding and there was an established reporting system in place. Where potential safeguarding risks were identified, these were investigated as per the provider's safeguarding policy and there were safeguarding plans put in place. There were no safeguarding risks at the centre at the time of inspection.

The inspector reviewed matters in relation to infection control management in the

centre. Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed. There was an unused water outlet in one premises which presented a risk related to Legionella. There was no flushing or testing arrangements in place to monitor or manage the water system risk. The provider implemented appropriate control measures in response to the urgent compliance plan.

There were arrangements in place to prevent or minimise the occurrence of a healthcare-associated infection. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

The inspector found in one premises that staff did not have sufficient guidance or training in relation to managing sharps risk safely. There had been a recorded sharps injury in the weeks prior to the inspection, and it was found that a risk assessment included measures that were contrary to best practice and standard precautions.

Some areas of the premises required a deep clean. There were large waste items in the garden of one premises that needed to be disposed of. Some PPE items were not stored appropriately and were stored on archive boxes located in the hallway. The seats in one of the vehicles were torn and the foam was exposed, which limited the capacity to clean them effectively.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. While the person in charge had good oversight of the risks in the centre, some risks assessments did not include the most up-to-date information or guidance, and consequently conflicting guidelines and plans in place. For example, a recent assessment by an allied health care professional made recommendations regarding the supervision of a resident to minimise a falls risk. The guidance in the risk assessment was contrary to this assessment, and staff were unclear as to the arrangement to be implemented.

There were a range of fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents. While there were fire containment measures in place throughout the centre, such as fire doors and self closing devices, a number of doors were held open which had the potential to significantly compromise the effectiveness of containment measures in the event of a fire.

Regulation 10: Communication

There were communication support plans in place for each resident. Residents were supported to communicate their preferences and make choices using their preferred communication methods.

Judgment: Compliant

Regulation 18: Food and nutrition

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences

Judgment: Compliant

Regulation 26: Risk management procedures

While records indicated good awareness of risks present in the centre, in some cases the control measures recorded were contrary to the provider's policy or best practice. Some risk assessments did not accurately reflect the most up-to-date guidance available in managing the specific risk, and did not provide clear or accurate information regarding the steps to be taken to minimise the associated risk.

For example, the risk assessment in place in relation to sharps had not been reviewed following a sharps injury, and at the time of inspection contained guidance contrary to safe injection practices. In another case, conflicting guidance in place was not sufficient in mitigating a significant falls risk.

Judgment: Not compliant

Regulation 27: Protection against infection

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider’s response did provide assurance that the risk was adequately addressed. The provider has implemented a plan to monitor and address potential water safety issues.

Action was required to ensure that sharps risks were managed appropriately.

Some areas of the premises required a deep clean and some facilities, such as kitchen cabinets and some upholstered chairs, needed repair or replacement.

Judgment: Not compliant

Regulation 28: Fire precautions

A review of fire doors in the house found that three doors were held open with wedges or furniture, which impacted negatively on the effectiveness of fire containment measures. A review of self-closing devices was required in order to ensure that fire doors were operational and provided adequate containment measures while also ensuring accessibility to all residents.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place which promoted the safety of residents in the centre. Residents were supported to develop the awareness and knowledge needed for self-care, and staff had all received appropriate training in safeguarding adults.

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 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 6 OSV-0003921

Inspection ID: MON-0030984

Date of inspection: 11/05/2022

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 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC updated both risk assessments on May 11th 2022 and a review of all risk assessments took place on June 2nd 2022 to ensure all actions were up to date and in line with service policy and best practice.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Flushing arrangements and the required recording and documentation were put in place as per the service Legionella Procedure for the bath not in use. This was complete on Wednesday 11th May 2022 on the day of the inspection and the inspector was advised of same. All staff in the designated centre have been re-inducted to the procedure and what is required of them. All flushing will be documented appropriately and records kept securely. A water treatment company attended the house on Thursday 12th May 2022 and took water samples for testing. The results of these tests came back May 25th 2022 and showed no signs of Legionella. The ADON provided additional guidance and support in relation to sharps management.	

The risk assessment for sharps was updated and the line removed stating that staff should resheat the needle after use. All staff have been made aware they should not resheat the needle as per service policy.

A poster of sharps/needle stick injury has been placed in view for staff in the office and the incident was discussed at the staff meeting on May 4th 2022 along with a NIMs review completed.

Staff have been rostered to complete a deep clean of the kitchen presses and bathroom in the relevant house immediately after the inspection and a shampooing kit has been purchased to clean the upholstered chair. This was completed on the 11th June 2022.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All wedges were removed from the fire doors on May 11th and staff in both houses were emailed and reminded that this is not in line with fire safety guidance. The PIC contacted the housing association for a review of the self-closing devices in the required area and new door closers were ordered on May 17th to be completed within 28days.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	11/05/2022
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	Not Compliant	Red	25/05/2022

	published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/07/2022