



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 5
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:	02 June 2022
Centre ID:	OSV-0005645
Fieldwork ID:	MON-0035759

About the designated centre

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

Liffey 5 is a residential designated centre made up of two houses in two different locations in a busy suburban town in Co. Dublin. One house is a seven bed-roomed house with an adjoining apartment located in a close knit community. One of these bedrooms is used as an office and one is used as a sleepover room. It is a semi-detached house with ground floor apartment attached. There is one sitting room, a kitchen/dining area, two showering and bathroom areas. The adjoining apartment has one bedroom, a bathroom and a kitchen/dining area. There is a front and back garden both of which are accessible by the house and the apartment. The second house, is a four bedroom two storey house. This house also has a sitting room, a communal sitting room/kitchen/dining area, two bathrooms and a staff office. There is a garden area at the back of the house for the residents and their families. The staffing team consists of social care workers and care assistants. Residents also have access to multi-disciplinary services including occupational therapy, physiotherapy and speech and language therapy. One social care leader oversees the two houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Thursday 2 June 2022	10:20hrs to 14:40hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over one day. Precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene.

The inspector met with one resident and observed their interactions with staff and their lived experience in the centre. The inspector did not get to meet any of the other residents who lived in the centre as they were out at activities, day services, or visiting family. A review of records found that residents enjoyed active lives that were self-directed. The centre provided comfortable accommodation for residents, although in the case of one person, the size and layout of the premises didn't fully meet their needs.

Residents were supported by a team of social care workers on a 24-hour basis. Staffing arrangements were flexible in order to meet residents' needs and preferences. The inspector observed a resident engaging with a staff member during the day, including being supported to attend an on-line class. The resident appeared happy and comfortable and staff were observed to be caring and professional in their interactions.

This centre was comprised of two houses located in a South Dublin suburb. One home was a four-bedroom detached house. This home accommodated four residents and was visited first in the inspection. The second home was a seven-bedroom semi-detached house, which included a self-contained apartment: in total this home accommodated up to six residents. The centre had no vacancies at the time of inspection.

On arrival to the centre, the inspector was met by the person in charge. The person in charge accompanied the inspector on a walk-through of the house. The inspector observed that for the most part, the premises was clean and in a good state of repair. Some areas of the premises had been recently painted. Some furniture in this home required repair or replacement as they were in poor condition and didn't facilitate effective cleaning.

Most residents rooms were clean and tidy, and were well decorated in line with the residents' preferences. One resident's bedroom was found to be cluttered with personal items, with very little floor space. The bedroom was reasonably large, however, the resident preferred to live more independently than the premises facilitated, and preferred to have their own items such as pots and pans, food, and items such as a toaster and kettle. This meant that there was a large volume of personal items stored in the bedroom, including domestic waste and items for recycling.

In the second house visited, the inspector observed that the premises was well maintained, clean and free from clutter. Residents each had their own rooms that were well equipped and decorated with personal items. Residents in this home had access to assistive equipment in line with their assessed needs.

Overall, the inspector found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was generally clean, inspectors did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition. This is discussed later in this report.

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 achievement of a service that was in compliance with the National Standards.

Capacity and capability

The governance and management arrangements were ensuring that infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place and a clear organisational structure to ensure that measures were in place to provide care and support which were consistent with the National Standards. Some minor improvements were required in relation to monitoring of the condition of the premises and facilities.

The provider had prepared a comprehensive policy in infection prevention and control (IPC), as well as a number of policies in related areas. There were clear procedures to ensure that local and national policy was implemented. The provider had ensured that IPC practices and risk were subject to regular audit and review. For example, a hygiene audit had been undertaken the month prior to the inspection which identified some areas for quality improvement, and there were plans in place to address the identified issues (which were largely related to premises). The person in charge also oversaw a number of localised self-assessment tools to monitor and address IPC risks.

Residents were supported by a team of social care workers. The provider had ensured staff had access to a wide range of training and development opportunities in line with their roles and responsibilities. For example, staff had received training in areas such as standard and transmission based precautions, and hand hygiene. A review of records found that staff discussed IPC matters at team meetings. The person in charge supervised the staff team and had arrangements in place to ensure they had the required knowledge to implement effective infection prevention

and control measures.

There was a clear management structure in place with defined lines of accountability. An IPC lead worker representative had been appointed who had additional responsibilities in the monitoring of IPC practices. An on-call management system was in place for staff to contact outside of regular working hours.

The provider had a COVID-19 contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of a healthcare associated infection. Risk assessments had been completed in relation to individual residents as well as in areas such as the provision of personal protective equipment (PPE), visitors to the centre, staffing, and plans for isolation arrangements.

Staffing arrangements were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines.

Overall, the inspector found that the provider had implemented effective infection prevention and control measures. Further attention to the condition of the premises and facilities was required in order to fully comply with the National Standards.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to the maintenance arrangements were required to ensure that surfaces and facilities were maintained in good condition.

The communication needs and preferences of the residents were clearly detailed in their personal plans. The provider had developed a health-related hospital passport to inform other healthcare professionals of the residents' assessed needs and potential infection status. There was a wide range of accessible information available to residents regarding IPC, such as social stories and easy-to-read leaflets. Residents had opportunities to discuss IPC at regular residents' meetings, where it was noted staff and residents discussed topics such as hand hygiene, staying safe in the community, and PPE. Residents had access to a vaccination programme and there was evidence that informed consent was sought and recorded from each resident. Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs.

The inspector found that staff were knowledgeable in relation to standard and transmission based precautions, and this was evident in the day-to-day practices observed throughout the centre. Staff were observed to regularly wash their hands or use hand gel at key moments. There were sufficient waste management arrangements available for both general waste and healthcare waste. Staff had

access to PPE that was appropriate to the tasks they engaged in and the IPC risks in the centre. PPE was neatly stored and available at convenient points throughout both premises. There were arrangements in place to monitor water systems including flushing schedules for rarely used water outlets.

Staff in the centre had the additional responsibility of cleaning the premises. There was clear guidance available as to how often each area of the premises was to be cleaned, including specific information about how to clean high-touch points. Cleaning records were well maintained and overseen by the person in charge. There was a utility room in one of the homes, which was maintained in a clean and tidy manner. In the other house, laundry facilities were available in the kitchen area. This area was neatly organised and facilitated management of laundry in a way that minimised cross contamination.

All residents had their own bedrooms, and with the exception of one bedroom, they were all clean and well maintained. It was found that one resident's bedroom was cluttered due to the volume of personal items stored there, which impacted how well it could be cleaned. There were some waste items such as broken appliances and items to be recycled stored on the floor.

The inspector observed all of the bathrooms in each of the premises and found they were all clean and generally in good condition. In one bathroom, the flooring had lifted in places and was damaged, which contributed to a malodour. Some fixtures were slightly rusted in places.

Each premises had ample communal and personal space available to residents. In one home, the dining table needed to be repaired or replaced as the finish had worn from the top and it was damaged in some places. The dining chairs were seen to have some minor tears in the seat pads and some of the legs were broken.

For the most part, equipment used in the centre, such as shower chairs, wheelchairs, were designated to a single person. There were clear cleaning arrangement in place for all equipment.

There was a clear outbreak management plan available that detailed the steps to be taken in the event of an outbreak of a healthcare associated infection, including measure to be taken to minimise the spread of infection, enhanced cleaning and staffing arrangements.

Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider demonstrated a commitment to meeting the national standards, and while some further attention was required to some of the facilities, most of these had been identified in the provider's own internal audit.

Notwithstanding, a number of improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- One bedroom was found to be cluttered and did not facilitate effective cleaning.
- Some furniture was observed to be damaged, and repair or replacement was required.
- The flooring in one bathroom was lifting and water was collecting beneath, which contributed to a malodour.
- Some fixtures were rusted and needed to be replaced.

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 Liffey 5 OSV-0005645

Inspection ID: MON-0035759

Date of inspection: 02/06/2022

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>All equipment identified as in need of repair or replacement, have been purchased and awaiting delivery.</p> <ul style="list-style-type: none"> • All furnishings identified as in need of repair or replacement, have been highlighted to the maintenance team and higher management as a priority and have been placed on a schedule for purchase and repair. • Staff offer continuous support to one service user who chooses to not clean their personal bedroom. Alternative living arrangements for this resident are being explored. 	

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	31/01/2023