



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

Issued by the Chief Inspector

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| Name of designated centre: | Liffey 3 |
| Name of provider: | St John of God Community Services Company Limited By Guarantee |
| Address of centre: | Dublin 24 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 11 March 2021 |
| Centre ID: | OSV-0005785 |
| Fieldwork ID: | MON-0026432 |

About the designated centre

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

Liffey 3 is comprised of two apartments that provide a residential service to adults with a disability and one house that provides respite services to adults with a disability. Both premises are located in a South Dublin suburb. Each of the apartments have three bedrooms, two bathrooms, a storage room and a shared living, kitchen and dining area. The apartments have capacity to accommodate five residents. The respite house is an end of terrace house with five bedrooms (two of which are en-suite), a staff office, six bathrooms, a sun room, dining room, large kitchen and living area and is registered to accommodate up to six adults. The centre is staffed by a team of social care workers and health care assistants. Staff are managed by the person in charge who is a social care leader.

The following information outlines some additional data on this centre.

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| 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 - 2015 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 11 March 2021 | 11:50hrs to 17:20hrs | Amy McGrath | Lead |

Views of people who use the service

The inspector met with two of the residents living in this centre. Conversations between the inspector and the residents took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. The residents appeared keen to share their views and were supported by staff when engaging with the inspector.

The inspector visited one of the apartments of the centre, and met with both residents who lived there. At the time of inspection a resident in the other apartment was self-isolating in adherence with public health guidance, and as such the inspector did not visit this home. On entering the apartment, the inspector observed it to have a warm and homely feel. There was a relaxed atmosphere and the physical environment of the house was clean and in good decorative and structural repair. There were a variety of ornaments and soft furnishings throughout the home. One resident guided and proudly showed their home to the inspector. This resident showed the inspector their bedroom and shared that they had chosen how to decorate and furnish it. Residents' bedrooms were seen to be well-kept and styled to each individual's preferences. There were photographs of residents and their families observed throughout the premises.

One resident had returned from an outing shortly before the inspectors arrival. This resident was seen to be chatting happily to staff and engaged in a friendly manner with the person in charge. Another resident was preparing dinner and shared with the inspector how they had been developing their cooking skills in recent months. One resident spoke to the inspector about their recent fitness endeavours and spoke fondly of activities they had taken part in with staff.

Due to the current pandemic restrictions, community activities were limited; however, residents were supported to choose from a number of community activities they enjoyed. Residents also helped with gardening and upkeep of an outdoor dining area.

Residents' rights were promoted by the care and support provided in the centre. Staff in the centre demonstrated a good understanding of a human rights based approach to care and care plans and risk assessments were seen to represent residents' will and preference. Residents had access to advocacy services. There was information on rights and advocacy services available and it was observed that staff supported residents in self advocacy where appropriate. Residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs which ensured that the dignity of each resident was promoted.

During the inspection, there appeared to be adequate staff to meet the needs of the residents. The inspector observed that staff scheduling arrangements were flexible in meeting the changing needs of residents and considered their personal and social

support needs. Staff were found to be suitably qualified and experienced and received training in areas specific to resident support needs.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong person-centred culture within the designated centre. Through speaking with residents and staff, observations, and a review of documentation, it was evident that staff and the local management team were endeavouring to ensure that residents lived in a supportive and caring environment that delivered safe and high quality care and empowered residents to have control over their day-to-day lives.

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 to each resident living in the centre.

Capacity and capability

The inspector found that the governance and management arrangements facilitated good quality and safe care for residents. The provider had recently implemented a number of changes to the governance and management arrangements which had facilitated clear roles and responsibilities and effective oversight arrangements. It was found that the statement of purpose did not accurately reflect the service provided, however as the centre was not operating at maximum capacity at the time of inspection, this did not have an impact on residents. Improvement was required with regard to residents' contracts of care; this is discussed in further detail later in the report.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The provider had carried out an annual review of the quality and safety of the centre, and there were arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis.

The person in charge was employed in a full time capacity and had the necessary experience and qualifications to fulfil the role.

There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre. Staffing arrangements took into consideration any changing or emerging needs of residents and facilitated continuity of care.

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made

available in areas specific to residents' assessed needs. There were established supervision arrangements in place for staff.

There was a statement of purpose available that had been reviewed following the recent reconfiguration of the centre. This contained the information required under Schedule 1 of the regulations. A review of the statement of purpose found some discrepancies with regard to the number of bedrooms in the premises that was designated to provide respite. While the centre is registered to provide respite to up to six residents, it was unclear if there were six bedrooms available, or if there were five bedrooms available with one to be used as a twin room. This document required review to ensure that it reflected the service and facilities to be provided, and that the facilities available were adequate for residents when at maximum occupancy. At the time of inspection, one person was residing in this premises and the provider did not have immediate plans to accommodate further respite users.

While there were clear admissions arrangements in place, improvement was required with regard to residents' contracts. Residents' contributions had not been assessed and determined based on clear and equitable criteria. In some cases, residents were being charged different fees for the same service, with no rationale provided for the discrepancy. Some contracts of care contained inaccurate information, such as residents' names and address.

Regulation 14: Persons in charge

There was a full time post of person in charge in the centre. The centre was managed by a suitably skilled, qualified and experienced person in charge. The inspector observed that the person in charge was well known to residents and staff and was knowledgeable in their role.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

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 and areas such as infection control.

There were arrangements in place to ensure that transient staff had the appropriate skills and training in order to meet residents' needs.

There were formalised supervision arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis. There was a comprehensive induction procedure in place, and staff were engaged in performance development initiatives.

Judgment: Compliant

Regulation 23: Governance and management

The provider had reviewed the management arrangements in the centre, which had provided clear roles and responsibilities, as well as improved accountability. The impact of these changes was reflected in clear improvements in the oversight and delivery of care to residents.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. The centre was adequately resourced to meet the assessed needs of residents.

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.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were clear admissions procedures in place. Residents each had a contract of care which outlined the services they were provided with and what was included in

any fees payable by them. However, the inspector found that some contracts did not clearly define the fees to be paid, or how these fees had been determined. For example, it was noted that two residents who lived in similar accommodation and received the same service (according to their contracts of care) paid different sums with no clear rationale.

It was also noted that some charges (for example charges for food and groceries) contravened the terms of the residents' contracts of care. In one case the summary of charges contained the wrong name and yet was signed by the resident. A resident who moved accommodation within the centre required an up to date tenancy agreement and contract of care that reflected the change of address. Overall, substantial improvement was required to ensure that residents' fees were assessed in accordance with national legislation and that contracts of care clearly outlined the terms and fees payable.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis. While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate. For example, the information in relation to the number of bedrooms in the premises that provides respite was found to be contradictory in places.

The statement of purposes indicated that there were six bedrooms in the building that provides respite, the floor plans provided and the room description outlined in the statement of purpose stated that there were five bedrooms, with one bedroom providing twin occupancy.

The inspector was not satisfied that the centre could comfortably and safely accommodate six residents with five designated bedrooms. While at the time of inspection there was just one person availing of respite in the centre, the statement of purpose requires review to ensure that it accurately reflects the service and facilities to be provided.

Judgment: Not compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. 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. Overall it was found that the centre had the resources and facilities to meet residents' needs, and provide care and support that was directed by residents' choices.

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of restrictive practices in place, such as limited access to the Internet, these were implemented with the consultation and consent of the resident, and for the shortest duration of time required to have a positive effect. Any restrictive intervention had been assessed to ensure its use was in line with best practice. There were positive behaviour support plans in place for some residents and support from a clinical team was available where necessary.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

Residents were seen to enjoy security in their living arrangements and transfers or discharges occurred with the full consultation of residents, and in response to their assessed needs. A review of documentation found that discharges from the centre were comprehensively planned and ensured continuity of care for residents. Transition and discharge arrangements ensured that the residents' preferences were considered and upheld in any potential move from the centre.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. There were control measures in place in response to identified risks and there were clear governance arrangements in place to monitor the implementation and effectiveness of these measures. The provider had developed a range of policies and procedures in response to the risks associated with COVID-19, and these were well known to the person in charge and communicated to staff. Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and guidance was provided to staff in relation to its use. Resident were supported to avail of immunisation programmes according to their will and preference.

Regulation 25: Temporary absence, transition and discharge of residents

Since the previous inspection, one resident had been discharged and transitioned to a new home, and another had moved home within the designated centre. The inspector found that residents had been consulted with and had the opportunity to direct their transition. The person in charge had ensured that the necessary

information was transferred with the resident and that there were clear care and support plans in place.

Residents were given the opportunity to visit any potential new home and each transition to a new living arrangement was phased in a way that allowed residents to make informed decisions. Residents' safety and welfare needs were considered in relation to transitions, and there were arrangements in place to provide the necessary support and life-skill training to enable residents to live as independently as possible.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre. The centre was found to be clean and hygienic and there were a range of hygiene checklists and audits in place to ensure that this was maintained. There were hand washing and sanitising facilities available for use.

The person in charge was knowledgeable with regard to relevant infection control policies and guidelines and staff had access to the necessary information and guidance. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available and arrangements in place to monitor stock levels.

The provider had developed a range of control measures in response to the risk associated with infection prevention and control, and it was evident that these were being utilised where necessary.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety arrangements in place, including a fire alarm system, emergency lighting and fire fighting equipment. The provider had implemented the actions from the previous inspection in relation to fire containment measures. Records reviewed demonstrated that the equipment was serviced at regular intervals. There were emergency evacuation plans in place for all residents, and these were developed and updated to reflect the abilities and support needs of residents. Staff had received appropriate training in fire safety, including training in specific evacuation techniques.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural supports in place where necessary. The provider had ensured residents had access to a range of clinic supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support. While there were restrictive procedures in place, these were comprehensively reviewed and reduced where possible.

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. Residents had access to members of the multidisciplinary team to support them to manage behaviour positively.

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 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Views of people who use the service | |
| Capacity and capability | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Not compliant |
| Quality and safety | |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 7: Positive behavioural support | Compliant |

Compliance Plan for Liffey 3 OSV-0005785

Inspection ID: MON-0026432

Date of inspection: 11/03/2021

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 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All tenancy agreements for all residents in the Designated Centre are being reviewed and updated by the Person in Charge. All residents' financial arrangements are being reviewed and assessed in line with legislation within the Designated centre. All charges to all residents in the Designated Centre will be have a clear and transparent rationale.</p> | |
| Regulation 3: Statement of purpose | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Liffey 1 Statement of Purpose and floor plans will be reviewed and updated to accurately reflect the number of bedrooms available in the house for respite provision and appropriate arrangements made for same.</p> <p>The updated Liffey 1 Statement of Purpose will be forwarded to the HIQA Inspector if required.</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 24(4)(a) | The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged. | Substantially Compliant | Yellow | 30/06/2021 |
| Regulation 03(3) | The registered provider shall make a copy of the statement of purpose available to residents and their representatives. | Not Compliant | Orange | 30/06/2021 |