



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 1
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	12 November 2021
Centre ID:	OSV-0003583
Fieldwork ID:	MON-0034484

About the designated centre

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

Liffey 1 is a residential service for people with disabilities made up of two two-storey buildings in a residential area in a large town in Co. Dublin. The service supports residents to live as independently as they can. Support is based on identified needs and abilities of the residents availing of the service. Of the two buildings, one building is a seven bedroom house with a sitting room, kitchen/dining area, two shower and bathroom areas and a rear garden. The second building is a seven bedroom house with a communal sitting room, kitchen-dining area, utility, three bathrooms and a large rear garden. Each resident has their own private bedroom. Both buildings have one en- suite bedroom. Liffey 1 is a community-based service and offers support to residents to access work, education and recreational activities in the wider community. There is also access to a multidisciplinary team in the service which includes nursing staff, social workers, physiotherapists, occupational therapists, speech and language therapy, and psychology.

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 - 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
Friday 12 November 2021	09:30hrs to 14:10hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with the person in charge and staff who were on duty throughout the course of the inspection. The inspector did not speak with residents during the inspection as most residents were at day service or out attending pre-planned activities or appointments at the time of inspection.

The inspector found that overall, the centre was operating at a high standard for infection prevention and control practice and the provider was ensuring that residents who may be at risk of healthcare-associated infections were appropriately protected.

Liffey 1 is comprised of two homes located in two nearby towns in South Dublin. One of the houses contained six bedrooms, a staff office, four bathrooms (three with shower facilities), a large living area, kitchen and dining room, and small utility room. The other house consisted of six bedrooms, a staff office and bedroom, three bathrooms, a modest sized living area, and a kitchen and dining area; this house had laundry facilities in a shed in the garden located to the rear of the house. The centre is registered to accommodate up to ten residents; there were no vacancies at the time of inspection.

On arrival, the inspector was met by the person in charge who took their temperature and completed a symptom check as part of the centre's visitor procedure. The inspector met and spoke with a staff member who arrived shortly after the inspection commenced. The inspector visited the second premises later in the inspection and observed two staff members who were working at the time. The inspector observed staff wearing appropriate personal protective equipment (PPE), in line with national guidance, throughout the course of the inspection. Staff were also observed to adhere to local operating procedures in relation to hand hygiene, housekeeping and laundry management.

Staff spoken with were familiar with residents' support needs. A review of documents found that there were individualised support plans in place for residents that directed person-centred infection control practices. For example, there were plans in place to guide staff in supporting residents in the event of a COVID-19 outbreak and how to support residents in the event that they needed to self-isolate. The person in charge had ensured that the arrangements for receiving visitors had been updated to reflect national guidance and had implemented proportionate risk measures to enable residents to visit their family and friends and receive visitors in their home in a safe manner.

The inspector completed a walk-through of both premises with the person in charge. Each resident had their own bedroom and two bedrooms had an en-suite bathroom.

Some premises risks were identified during this walk-around that were highlighted to the person in charge, such as rusted hand rails in a bathroom, damaged counter tops in the kitchen and damage to floors. The person in charge had self-identified these issues prior to the inspection and had arrangements in place to address them. Throughout the walk-around it was demonstrated that consideration had been given to infection prevention and control with regard to residents' daily lives, for example, the person in charge ensured residents had their own bath and shower mats for use in shared bathrooms and there were clear and well-informed cleaning arrangements in place for communal facilities. Some improvement was required with regard to the placement and size of bins in a resident's en-suite bathroom, as well as to the arrangements for the storage of PPE, to ensure that PPE was available and could be disposed of without having to enter communal areas of the premises.

Residents were supported by a team of social care workers. The staffing arrangements in the centre were found to be based on an assessment of residents' needs and had been amended to ensure staff had sufficient time to implement infection prevention and control risk measures. Housekeeping duties were the responsibility of staff on shift and the inspector found that staff were familiar with organisational and local guidelines in place with regard to areas such as linen and waste management. Staff were observed using colour coded mops and cloths. Both homes were seen to be clean and tidy on the day of inspection.

For the most part, staff spoken with were knowledgeable in relation to the infection control measures in the house, although some staff were not clear as regards the arrangements for cleaning parts of one resident's medical equipment. Records in relation to the cleaning arrangements for this device could not be located by staff on the day of inspection.

There was a sink present in each of the bathrooms, including both en-suite bathrooms, with hand soap and towels available. In one bathroom, where a resident received support with personal care, there were no single use towels available. There were a number of hand sanitiser points located throughout the premises.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that the provider had implemented strong systems and arrangements to ensure that procedures were consistent with the national standards. Some improvement was required in relation to premises, which the provider had begun to address. Some gaps were noted in relation to documenting the cleaning arrangements for equipment.

The governance arrangements supported the delivery of care and support in a

manner that protected residents from the risk of acquiring a healthcare-associated infection. There was a clear governance structure in place with defined roles and responsibilities. This was further supported by a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. It was evident that infection prevention and control was prioritised at all levels. There were numerous audits carried out to monitor the implementation and effectiveness of infection control practices. There was a clear outbreak management plan available that was regularly updated in accordance with national guidance.

The provider had ensured there was a nominated infection prevention and control lead in the centre. This person had received training in the area of infection control, standard and transmission-based precautions, and auditing. Staff and the person in charge had access to specialist knowledge and support in relation to infection prevention and control, and this was seen to be utilised to good effect. There were clear arrangements in place to access resources such as PPE and additional staff, where required.

The inspector reviewed records of team meetings and staff supervision and found that infection prevention and control was a standing agenda item that was discussed to inform practices such as risk management and training. There was an infection prevention and control quality improvement plan in place to drive ongoing quality improvement which tracked the completion of actions arising across the range of audits completed in the centre.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. Staff members spoken with had strong knowledge of standard and transmission precautions along with the the procedures outlined in local guidance documents.

Staff had access to a range of training and development opportunities, with specific infection prevention and control training mandated by the provider at predetermined intervals. All staff had undertaken training in infection control, standard precautions, hand hygiene (including periodic visual assessments), and PPE. Staff training was closely monitored by the person in charge.

Quality and safety

The inspector found that the services provided in this centre were person-centred and that residents were well informed, involved, and supported in the prevention and control of healthcare-associated infections. It was found that residents were supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats including posters promoting hand washing. There were regular meetings for residents where the agenda included infection

prevention and control items such as reminders and updates on the COVID-19 pandemic. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while national restrictions were in place

There were support plans in place where necessary to assist residents with hand-hygiene and to appropriately use PPE such as face masks. It was evident throughout residents' personal plans that consideration was given to capacity and consent, for instance, plans acknowledged residents' right to refuse treatment or interventions such as vaccinations.

Throughout the inspection it was evident that the management of infection control risks was considered in the routine delivery of care. There were various systems in place to identify and raise concerns where necessary.

A walkthrough of the premises was completed by the inspector in the company of the person in charge. The centre was very clean throughout and maintained to a high standard. There was a comprehensive cleaning schedule in place which had been developed in accordance with the provider's own policy and there was evidence that this had been completed as required in the centre. This schedule included enhanced cleaning as outlined in the centre's risk assessment control measures for risks associated with infection prevention and control, such as increased cleaning of high-touch points. The cleaning schedule included specific guidance as to the method, cleaning agents and frequency of cleaning necessary for various areas and items in the centre. Residents' medical equipment was cleaned as per the manufacturer's guidance, although in the case of one device, staff were not clear as to the method used for cleaning all parts. The documentation regarding this was not available on the day of inspection and was submitted to the inspector subsequent to the inspection.

There were effective arrangements in place for the management of maintenance issues. While there were a number of premises issues to be addressed, such as damaged hand rails in a shower and damaged counter tops in a kitchen (which could compromise effective cleaning and decontamination), these had been identified by the person in charge during a recent infection control audit and were being addressed at the time of inspection. For example, the person in charge had ordered new handrails which had been delivered to the centre and were awaiting installation. Staff members reported that maintenance issues were promptly resolved in the centre. There was evidence of the completion of regular environment and equipment audits.

There were arrangements in place for the laundering of residents' clothing and linen; these were found to be in line with the providers' linen management policy. There was landfill, recycling and compostable waste collection arrangements in place in the centre and suitable arrangements for clinical waste.

There was a clear outbreak management plan in place that took into consideration the individual needs and abilities of residents. The centre had adequate hand-wash facilities, although this could be improved by the addition of single use towels in one

bathroom. There was a good supply of hand sanitising gel and these were located at entry points and high risk areas. There was an ample supply of PPE, including the recommended PPE for use in the event of a COVID-19 outbreak. Storage of PPE required improvement to ensure it was not stored directly on the floor and was located at points that prevented the need for staff to leave the patient care area to retrieve or dispose of PPE.

Regulation 27: Protection against infection

The inspector found that the provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. The inspector observed practices which were consistent with the national standards for infection prevention and control in community services. There was a strong governance framework in place which resulted in the delivery of safe and quality services and facilitated good oversight of infection prevention and control practices.

Staff had access to regular and relevant training and the inspector observed good adherence to both national and organisational policy and guidance. The centre was found to be clean and hygienic throughout, while still providing comfortable and homely accommodation to residents.

The person in charge had implemented local operation procedures that ensured infection control risks were promptly identified and addressed. Staff ensured residents received person centred care and support that protected them from healthcare-associated infections.

The centre had not had a COVID-19 outbreak. There was a clear, practical, and comprehensive outbreak management plan in place.

Some equipment and furnishings in the centre required repair or replacement to facilitate effective cleaning; this had been identified through the provider's own audits. Improvement was required to ensure the cleaning arrangements for all equipment was clearly defined and accessible to staff.

The arrangements for the storage of PPE required review to ensure it was appropriately stored.

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 - 2015 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 1 OSV-0003583

Inspection ID: MON-0034484

Date of inspection: 12/11/2021

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PPE supplies are stored in appropriate area within each house of the designated centre.</p> <ul style="list-style-type: none">• All staff have been re-inducted into the cleaning and care guidelines of equipment in the house and reminded of the importance of signing off cleaning checklists when cleaning is complete.• Bigger bins & hand towel dispenser have been provided and in place for the en suite bedroom.• Hand sanitizer available and in situ in all bedrooms in the designated centre to ensure infection prevention and control is being effectively managed.• Comprehensive procedure developed and on file addressing the maintenance and cleaning of all equipment in each house in the designated centre. All staff are familiar with this procedure.• All equipment and furnishings identified as in need of repair or replacement, identified through internal audits have been placed on a schedule for purchase and repair.	

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	31/01/2022