



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

## Issued by the Chief Inspector

Name of designated centre:	Liffey 7
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	30 March 2023
Centre ID:	OSV-0002972
Fieldwork ID:	MON-0038850

## About the designated centre

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

Liffey 7 Designated Centre is made up of two houses in a South Dublin housing estate. The two houses are supervised by one person in charge who is the social care leader. There is capacity for nine adults with an intellectual disability between the two houses. The first property is a semi-detached house which is adjacent to the second property. The first premises is comprised of six bedrooms (one with en suite), one communal sitting/dining area/kitchen and three bathrooms. The second property is a four bedroom semi-detached house. This house also has a kitchen, dining room/sitting room, and a bathroom. Both houses are connected through an inner door. Residents are supported by social care workers and health care assistants and have access to the local community using public transport and a centre based vehicle.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
--	---

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 30 March 2023	09:45hrs to 14:30hrs	Marie Byrne	Lead
Thursday 30 March 2023	09:45hrs to 14:30hrs	Karen Leen	Support

## What residents told us and what inspectors observed

This inspection was unannounced and completed to follow up on the actions from the provider's compliance plan submitted to the Office of the Chief Inspector following an inspection in this designated centre in September 2022. Overall, the inspectors of social services found that the provider had taken a number of responsive steps to bring about compliance with the regulations. However, further improvements were required in relation to the premises. This will be discussed further later in the report.

This designated centre consists of two premises in Co. Dublin which are connected through an inner door. They are both close to a local village with good public transport links and amenities. Residential care can be provided for up to nine residents over the age of 18. There were eight residents living in the centre on the day of the inspection. The inspectors had the opportunity to visit both of the houses and to meet and briefly engage with two residents. The inspectors used observations, discussions with residents and staff, and a review of documentation to capture residents' experience of care and support in the centre.

On arrival to the houses the inspectors were guided by staff to where the hand sanitiser and personal protective equipment (PPE) were available. Throughout the inspection the inspectors observed staff to follow standard precautions. Both houses were found to be clean during this unannounced inspection.

Each of the houses had plenty of private and communal spaces for residents. However, one of the houses had only one bathroom. Inspectors were informed that residents were satisfied with this arrangement and could use the bathroom next door in an emergency. There were areas in both of the houses where repairs and painting was required. One of the kitchens was due to be replaced a couple of months after the inspection. Residents' questionnaires also referred to a need for windows to be replaced in the centre.

In both houses residents' bedrooms were decorated in line with their wishes and preferences and contained their family photos and personal belongings. Residents had access to storage for their personal belongings including storage units, and wardrobes. Residents also had televisions, and radios in their rooms if they wished to. In one of the houses two residents share a bedroom and one of these residents showed the inspectors around their bedroom. They stated they were happy to share with their friend who they had shared their bedroom with for many years. They showed inspectors their favourite possessions and photos of the important people in their lives. They spoke about how they enjoyed taking part in the upkeep of their bedroom, and their home.

There was a warm and welcoming atmosphere in both of the houses. Both residents who spoke with inspectors appeared comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support during the

inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspectors about residents' likes, dislikes, goals, and talents. From what the inspectors saw, were told and read, residents were very busy and enjoying a good social life in their local community. They were all either attending days services, local community groups, or work.

There was a vehicle available in each of the houses to support residents to attend day services, work, appointments, or activities in their community. One resident spoke with inspectors about using public transport independently, and staff spoke about a number of other residents who also used public transport and accessed their community independently.

Residents had mobile phones to keep in touch with their family and friends, and to keep in touch with staff when they were out and about. A number of residents were visiting their families and friends regularly, including staying overnight or going on holidays. One resident spoke with inspectors about having a couple of glasses of wine with their friend in the pub regularly and another resident spoke about how much they enjoy going for a meal and a pint with their family. They also spoke about a family wedding they had recently attended and showed the inspectors photos on their tablet computer.

One resident spoke with inspectors about getting their hair and eyebrows done locally. They spoke about how much they like to go shopping, especially in the local village. Both residents told inspectors that they felt safe in the centre, that the food was good and that they had things to look forward to in their lives.

Social stories and information in an easy-to-read format were available for residents on areas such as fire safety, residents' rights, finances, complaints, the availability of independent advocacy services, and infection prevention and control. There were also picture rosters and menus in place for some residents. One resident told inspectors who they would go to if they were not happy with any element of their care and support.

Residents and their representatives' views of care and support in the centre were being sought by the provider and included in their annual and six monthly reviews. In the latest annual review, residents' representatives questionnaires were positive in relation to residents' care and support. Examples of comments about the care and support for residents included in these questionnaires were , "its beyond what i could ever ask for", "happy with everything", "we find the service excellent", "everything is very, very good. We couldn't be more satisfied" and "...is very happy and comfortable and that means a lot to me". Other comments were, "the staff are very good", "I like that i am kept informed", and "I get regular updates.

Two residents' questionnaires were returned to the inspectors after the inspection. One was completed by staff on behalf of the resident, and another was completed by a resident on behalf of themselves and the people they shared their home with. The feedback in these questionnaires was positive in relation to care and support and the staff team. Examples of some of the things residents enjoyed regularly were

included on the questionnaires such as, cooking, shopping for clothes, listening to music, cleaning their home, getting hair and nails done, visiting their family and friends, going out for dinner, and going to the cinema. Residents indicated they were aware of the complaints process and happy with the mealtimes and their levels of choice in their lives. Residents included comments such as, "we are happy here", "if we don't want to do something we can change our minds", "we are happy with the staff", and "we are busy and we do enough". Residents also included areas where they would like to see improvements such as the need to "get the house painted inside", to get "new windows" as "windows get mouldy in all our bedrooms", and "we have to replace the handles and strips all the time and there is mould also".

Overall, the inspectors found that the provider was recognising areas where further improvements were required and putting actions plans in place. They were aware that improvements were required in relation to the premises and a new kitchen and other works were planned after the inspection. Residents were busy doing things they enjoyed and were keeping in touch with their family and friends.

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 the quality and safety of the service being delivered

## Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. There was evidence of improved levels of compliance since previous inspections. The provider was found to be identifying areas for improvement in line with the findings of this inspection.

There were clearly defined management structures and staff's roles and responsibilities were clear. The provider was completing annual and six-monthly reviews in line with the requirements of the regulations. The annual review was available for residents in an easy-to-read format. In addition, audits were being completed regularly in the centre.

The person in charge facilitated the inspection. They were found to be very familiar with residents' care and support needs and motivated to ensure that each resident was happy, well supported, and safe living in the centre. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities. The person in charge was supported in their role by a residential co-ordinator, programme manager and regional director.

The provider had recognised that additional staff were required in line with residents' assessed needs and they had recruited additional staff. While they were waiting to recruit one more staff they were using regular relief and a regular agency

staff to fill the required shifts.

### Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the requirements of the regulations, and were found to be aware of their roles and responsibilities in relation to the regulations. They had effective systems for the oversight and monitoring of care and support in this centre. They were found to be motivated to ensure that residents were happy, and felt safe living in the designated centre. They were identifying areas for improvement and taking the required actions to bring about these improvements.

Judgment: Compliant

### Regulation 15: Staffing

The provider had recognised the need to increase staff numbers in the centre in order to meet the number and needs of residents living in the centre. Two new staff were recruited in January 2023 and the provider was recruiting for another staff at the time of the inspection. In the interim, regular relief and regular agency staff were filling the required shifts to ensure continuity of care and support for residents. There were planned and actual rosters and they were well maintained.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff's roles and responsibilities were clearly defined. There were systems in place to ensure the provider and person in charge had oversight and were monitoring care and support for residents in the centre. For example, the six-monthly and annual reviews were capturing the areas where improvements were required in line with the findings of this inspection. In addition to the providers audits and reviews, audits were being completed in the houses in relation to areas such as medication management, infection prevention and control (IPC), and documentation.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

Each resident had a contract of care which clearly outlined the support, care and welfare to be provided in the centre. It also contained an outline of the services provided and the fees to be charged.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. From reviewing a sample of these incidents, the required incidents and adverse events were being notified to the Chief Inspector of Social Services in line with the requirement of the regulation.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents were supported to make choices in their lives, and to take part in activities they enjoyed. As previously mentioned, the providers' audits and reviews had picked up on a number of areas where improvements were required in relation to the premises.

The provider had policies and there were local procedures in place to safeguard residents' finances, and to support them to manage their finances. Residents were supported to access and maintain control of their personal possessions. They had space to store their personal belongings. Residents were attending day services, going to work, and busy enjoying activities of their choice in their local community.

They were developing goals, including goals to go on holidays.

Both houses were warm, clean, and appeared comfortable. Areas where improvements were required in relation to the premises are detailed under Regulation 17. Residents, visitors and staff were protected by the risk management, medicines management, and fire safety policies, procedures, and practices in the centre. There was suitable fire equipment in place and evidence that it was being serviced and maintained. There were adequate means of escape and staff had completed fire safety awareness training. Fire drills were occurring in the centre and residents had personal emergency evacuation plans in place. There was a risk register and individual risk assessments were developed and reviewed as required.

Residents who required them had positive behavior support plans in place. There was a clear focus on mindfulness and wellbeing for residents. The provider had safeguarding policies and they were reporting allegations and suspicions of abuse in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

### Regulation 12: Personal possessions

There were systems in place for the oversight of residents' finances. Receipts were available for residents' purchases and each resident had a ledger recording their income and expenditure. Residents had financial passports and a log of their personal possessions.

Judgment: Compliant

### Regulation 13: General welfare and development

From speaking with residents and staff, and a review of a sample of residents' assessments and daily records inspectors found that residents had regular opportunities to engage in meaningful activities both inside and outside their home. They were attending day services, going to work, using local services, and taking part of local groups and societies. In addition, residents had meaningful goals documented in their personal plans.

Judgment: Compliant

### Regulation 17: Premises

As previously mentioned, a number of works were completed in the centre and

some more works were planned in the months after the inspection. For example, a new kitchen was due to be installed in one of the houses and some painting was planned in both houses.

Inspectors also observed areas where wall paper was peeling, areas where previous leaks had occurred and painting was required, bathrooms where grout required repair or replacement, and equipment that was damaged or rusty which needed to be replaced.

While two residents shared a bedroom in one of the houses, this was in line with their wishes and this was documented and kept under regular review. They had been offered their own bedroom as there was a vacancy in the centre, but they had chosen not to move.

There was one bathroom in one of the houses but at the time of this inspection this was reported to be a suitable arrangement for residents and inspectors were told it was being kept under regular review in line with residents' changing needs.

Judgment: Not compliant

### Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedure and practices in the centre. Inspectors found that the arrangements in place to ensure risk control measures were relative to the risk identified were suitable. There were measures in place to reduce or minimise the risk of accidents. There was evidence of oversight of accidents and incidents in the centre. Learning following incidents was shared across the team at staff meetings.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had completed works in relation to fire safety in the centre since the last inspection. This included works in relation to an external cavity wall. There were adequate means of escape and these were kept clear during the inspection. There was emergency lighting and illuminated signage at fire exit doors. The emergency evacuation procedure was on display.

There was fire equipment in place and systems to ensure it was regularly serviced and maintained. Fire drills were occurring regularly and residents had detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practises in relation to medicines management. Residents were supported to understand the medicines they were taking and were having an annual risk assessment to determine if they had capacity to self-administer their medicines. None of the residents living in the centre were choosing to self-administer their medicines at the time of the inspection.

Judgment: Compliant

### Regulation 6: Health care

The health and wellbeing of residents was promoted through diet, nutrition, and recreation. They were in receipt of person-centred care and had access to health and social care professionals in line with their assessed needs. They had an assessment of need in place and care plans were developed and reviewed as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

It was identified in a number of residents' assessments and personal plans that they required support to manage their behaviour. The inspectors reviewed a number of documents in residents' assessments and personal plans relating to behaviour and found that there was sufficient detail to guide staff practice.

Judgment: Compliant

### Regulation 8: Protection

Allegations and suspicions of abuse were reported in line with the organisation's and national policy. Residents were supported by staff to develop their knowledge and skills to keep themselves safe.

Staff had completed safeguarding training and those who spoke with the inspector were knowledgeable on their roles and responsibilities should there be an allegation or suspicion of abuse.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Liffey 7 OSV-0002972

Inspection ID: MON-0038850

Date of inspection: 30/03/2023

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: An action plan in relation to these works will be drafted by the maintenance team and a timeline identified for same.</p> <p>The PIC has liaised with the maintenance manager and a timeline will be identified before week ending 8th April.</p> <p>The required kitchen works will be installed in June 2023. All works identified were discussed with the Residential Coordinator and PIC on 13th April 2023.</p> <p>The Residential Coordinator completed an environmental walk around with the PIC, On 19th April and all maintenance and redecorating issues were highlighted by the PIC and a schedule for the works to be completed has been identified.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	04/11/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	04/11/2023