Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Liffey 6
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	28 July 2025
Centre ID:	OSV-0003921
Fieldwork ID:	MON-0045372

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 28 July 2025	14:00hrs to 19:10hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection scheduled to review the safeguarding arrangements of the centre. The inspection explored 10 regulations relevant to adult safeguarding. The inspector had the opportunity to meet four of the residents who lived in the centre and spoke with a number of staff throughout the day. Conversations with residents and staff, observations of care and support and a review of documentation was used to inform judgments on the quality and safety of care.

Overall, this inspection found that there were good levels of compliance with the regulations and that residents were safe and protected from abuse. Residents' rights were being upheld and they were supported to have autonomy and control in respect of their daily lives. Improvements were required to aspects of the premises of the designated centre.

The designated centre is comprised of two houses located near each other in a suburb of Dublin. One is a single storey bungalow and the other is a two storey semi-detached property. Each house provides support to four residents, with a total of eight residents living in the centre at the time of inspection.

The inspector first attended the two-storey property and met with the person in charge. Unfortunately, all of the residents of this house had gone on a planned holiday the day prior to the inspection. The holiday had been planned in order to allow the provider to complete upkeep to the property without disrupting the residents' daily routine. The inspector was told that the planned works included replacing a staircase to make it easier to use and general painting and decorating.

The inspector walked around this house and saw that it was generally clean and comfortable. Residents' bedrooms were not viewed as they were not home to give the inspector consent to enter their bedrooms. Some furniture was seen to require replacement as it was damaged. The person in charge showed the inspector that a purchase order had been completed to replace these items. The communal kitchen, sitting room and bathrooms were clean. Painting was required to some doors and walls. On the day of inspection, there also appeared to have been a leak which damaged the wallpaper in the sitting room. The person in charge contacted the maintenance team to review this issue on the day.

The inspector spent some time in this house and reviewed documentation including governance reports and the residents' files. After this, the inspector attended the other property and here, had the chance to meet and spend some time with the four residents who lived there. This property was also seen to require upkeep, in particular to flooring. The flooring was damaged in places. It was unsightly and posed a risk to infection prevention and control as it could not be effectively

cleaned. This was a long-standing issue, having previously been identified on an inspection of the centre in 2023.

Residents in this house had their own bedrooms and shared accessible bathrooms, a kitchen and sitting room, as well as a large back garden. The premises was large and designed in a manner that promoted accessibility. Corridors were wide enough to provide support to residents who required assistance with mobilising. A ramp was in place to access the back garden and wet rooms were provided so that assistance could be given with intimate care.

The residents were enjoying dinner and relaxing for the evening when the inspector arrived. One of the residents was enjoying a dinner which looked appetising and nutritious. Another resident had told staff that they would prefer a different dinner and this was provided for them. The inspector sat with three of the residents at the kitchen table while they were eating. One resident communicated verbally to the inspector their views on the service. The other three residents communicated through non-verbal means and interacted with the inspector in different ways throughout the evening.

One of the residents told the inspector that they had retired from day service and that they enjoyed spending their days doing activities of their choosing; for example, they enjoyed going for coffee, shopping for clothes and going to garden centres. The resident told the inspector that fashion was important to them and proudly showed them their shirt that they were wearing. The resident said that staff supported them in accessing the community and that the service had a vehicle that they could use. The resident said that the house was a good one to live in, that the food was good and they knew the staff who were working there. They also said that they had painted their bedroom recently and were happy with the colour.

When this resident was finished eating, they showed the inspector their bedroom. Their bedroom was clearly decorated in line with their tastes, and photographs and posters of their interests decorated the walls. A second resident also showed the inspector their bedroom. They appeared to be proud of their bedroom and showed the inspector their wardrobes, photographs and clothes.

The atmosphere of the centre throughout the evening was calm and relaxed. One resident went for a walk with staff assistance and then chose to watch television in the sitting room. They were later joined by two of the other residents.

Staff were seen to provide care and support to residents in a gentle manner and in a manner that ensured their dignity and privacy was upheld. Some residents were assisted with showering and with intimate care during the evening and staff practices ensured their privacy. Kind and gentle interactions were seen between staff and residents. Staff were seen offering to do a resident's hair. The resident responded positively and brought their hair care products to the staff. Residents were clearly comfortable in their home and familiar with the staff on duty.

The inspector spoke with two staff and the person in charge during the inspection. Staff spoken with told the inspector that they had completed training in a human rights based approach to care. They described how they ensured that residents'

rights to fairness, respect, equality, dignity and autonomy were upheld. They described providing care that was respectful, offering choices and ensuring residents have autonomy in directing their day. For example, one staff described how a resident prefers particular staff to assist with showering and this preference is respected.

Staff spoken with were informed of their safeguarding roles and responsibilities. They described how they would respond to a safeguarding concern and how they would ensure the safety of residents during this time. Staff were informed of active safeguarding plans and of measures in place to protect residents from abuse.

Overall, the inspector saw and was told that residents in this centre were protected from abuse and that their human rights were upheld. The next two sections of the report describe the governance and management arrangements of the centre and how effective these were in ensuring the quality and safety of care.

Capacity and capability

This section of the report describes the governance and management arrangements of the centre and how effective they were in ensuring the safety of residents. This inspection found that the oversight arrangements of the centre were effective in protecting residents from abuse.

There were effective leadership and governance arrangements with defined accountability at all levels. Staff and managers were informed of their roles and responsibilities and of the processes to escalate any risks or concerns to the provider level. The management team demonstrated that they understood the needs of the residents who lived in this service. Resources had been directed to the service to ensure consistency of care and to improve the outcomes for the residents. Residents spoken with were familiar with the staff team and with the relief staff who filled any gaps in the roster posed by vacancies or planned leave.

The residential service consulted with residents through their audits and developed action plans in order to enhance the quality and safety of the service. The provider had in place a suite of policies to ensure the safety of residents, including for example, a policy which detailed the requirements for staff to undergo regular vetting with An Garda Síochána vetting bureau.

Staff had the required competencies to manage and deliver person-centred and effective services. Staff members were performance-managed and supported to access training to enhance their competencies. In particular, staff had received training in areas which enhanced their capacity to provider person-centred services; such as human rights and communication training.

Regulation 15: Staffing

The inspector reviewed the rosters for both of the houses that comprised the designated centre. Planned and actual rosters were maintained and the inspector saw that staffing levels were in line with the statement of purpose. There had been two vacancies in the staff complement but one of these had been recently filled. The inspector saw that the arrangements to ensure consistency of staffing were effective in filling gaps posed by these vacancies. A small panel of regular relief staff was used to fill vacant shifts. The inspector asked one of the residents if they knew the relief staff and they confirmed that they were familiar with them.

There were sufficient staff on duty on the day of inspection to meet the residents' needs in a person-centred manner. Residents received one to one support where required, for example in community access or personal care. The inspector looked at four dates in detail on the rosters across May, June and July 2025. Staffing levels were maintained in a manner suitable to meet the needs and number of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was generally a very high level of compliance with mandatory and refresher training. A training record was maintained which showed that all staff had received, and were up to date, with training in safeguarding vulnerable adults, Children First and positive behaviour support. Staff members also had access to additional, complementary training to enable them to meet residents' assessed needs. For example, some staff had received training in Lámh (a manual sign system used by some residents) and staff had completed training in a human rights based approach to care.

Staff members were in receipt of regular supervision and support. The inspector reviewed the supervision records of two of the staff. It was seen that they received regular supervision and this was used to performance manage and develop staff. Staff members also had the opportunity to raise any concerns at supervision.

Monthly staff meetings were held to inform staff members of service updates and residents' needs. The records of these meetings showed that attendance levels by staff were quite low. The person in charge told the inspector that they had recently changed to format of these meetings to facilitate increased staff attendance. The records of the most recent staff meeting showed that more staff had been able to attend with the new format.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the designated centre. The staff team reported to a person in charge. The person in charge had oversight solely of this designated centre and was employed in a supernumerary position. This afforded them sufficient management time to fulfill their regulatory responsibilities. The person in charge demonstrated a comprehensive understanding of the residents' needs and a commitment to driving service improvement. The person in charge was further supported in their role by a programme manager and a residential co-ordinator.

The provider had in place a series of comprehensive audits including six monthly unannounced visits and an annual review of the quality and safety of care. These were completed in consultation with residents and their representatives and reflected their views on the service. The inspector reviewed the two most recent six monthly audits and found that they were comprehensive and identified areas for improvement. Actions to enhance the quality and safety of care were progressed across audits, this demonstrated that the audits were generally effective in driving service improvement; however, while works to complete upkeep to one property were underway, there remained incomplete actions in respect of the other property. This is discussed further under Regulation 17: Premises.

The provider had a suite of policies in place. Policies relating to safeguarding were reviewed by the inspector. The provider had in place policies in respect of adult safeguarding, Garda vetting of staff and safeguarding assessments related to admissions of new residents to the centre. These policies provided detail on how the provider safeguarded residents; for example the Garda vetting policy detailed that all staff were required to undergo repeat vetting every three years.

Staff members were performance managed and were educated regarding their personal and professional responsibilities to safeguard residents. Safeguarding was discussed at staff meetings. Staff spoken with were knowledgeable of their responsibility to protect residents and the measures to report any safeguarding concerns.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. This inspection found that residents were in receipt of person-centred care which was effective in safeguarding residents and ensuring that

their rights were upheld. Improvements were required to the premises of the centre to ensure that this care was delivered in a homely and well-maintained environment.

Residents in this centre presented with assessed needs in communication and positive behaviour support. The inspector saw that there was a comprehensive assessment of residents' health and social care needs on file. Staff members spoken with were informed of this assessment and the associated care plans. Residents had timely access to health professionals as required to meet these needs. There was a gap identified in respect of communication profiles on residents' files which were seen to require updating; however this did not pose a medium to high risk to residents.

Residents were encouraged to express their feelings appropriately and there were care plans in place to support staff to deal with issues that impacted on residents' emotional wellbeing. Communications between staff and residents were seen to be appropriate and positive.

The provider had an admissions policy and procedure which was reviewed on this inspection. The inspector saw that a new admissions had been given the opportunity to visit the centre in advance of their admission and the admissions had been planned in a slow and safe manner. Current residents had been consulted with and any risks to the wellbeing of the current residents had been explored.

Where there had been safeguarding incidents, these had been reported appropriately and safeguarding plans had been implemented. These plans included skills teaching for residents in order for them to protect themselves from abuse.

The residential centre was generally homely and provided adequate private and communal space fro residents; however, works were required to ensure that it was well-maintained.

Regulation 10: Communication

Some of the residents who lived in this designated centre presented with assessed communication needs, as detailed on their individual assessments. Many of the residents communicated through non-verbal means. Staff were informed of residents' communication needs and had received training in Lámh (a manual sign system) and Triple C, a communication programme.

Staff were seen interacting with residents in a manner that supported their communication and that was in line with their communication care plans; however, when reviewing residents' files, the inspector saw that some communication profiles and communication goals were out of date and required review.

Judgment: Substantially compliant

Regulation 17: Premises

Both houses that comprised the designated centre were seen to require upkeep and repair. Works had commenced in one of the houses to replace a staircase, a carpet and worn furniture; however, works remained outstanding in the other property, which was the bungalow.

The flooring of the bungalow was very worn and damaged. It was unsightly and posed a risk to infection prevention and control. There was a section of uncovered floor between the entrance hallway and the corridor to two bedrooms. Flooring in the kitchen was also very damaged. The inspector was told that plans to move the washing machine and tumble dryer to an outhouse had not progressed. The inspector was told that the provider was waiting for these works to be completed before replacing flooring.

This issue had been raised on an inspection of the centre in 2023 and the provider had committed to completing required premises works by September 2023; however, this had not been achieved.

Judgment: Not compliant

Regulation 26: Risk management procedures

A comprehensive risk register was available for the designated centre which detailed service level risks and individual risks specific to residents. The inspector reviewed a number of risk assessments. These were seen to be up to date and contained person-centred and proportionate control measures. Risk assessments were seen to promote positive risk taking in order to enhance residnets' autonomy, for example in supporting residents to retain control of their own finances.

A site specific risk management plan was available which provided information on the specific management of adverse events in the centre.

The provider's risk management policy was out of date and required review, having last been updated in 2021. The provider is required by the regulations to update all policies within three years.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four of the residents' individual assessments and personal plans. Two residents' files from each house were reviewed.

Each file contained a comprehensive and recently updated individual assessment which described residents' assessed needs. The assessment was informed by the resident and the multidisciplinary team.

Residents' individual assessments were used to inform care plans which guided staff in meeting these needs. Care plans were written in a person-centred manner and reflected residents' preferences in respect of their care. This ensured that care was delivered in line with residents' preferences and in a manner which upheld their human rights.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had in place policies to guide staff in supporting residents who required positive behaviour support. For example, up-to-date policies in respect of restrictive practices and positive behaviour support were available. Staff had received training in positive behaviour support and in safety interventions.

Residents' files contained positive behaviour support plans for those residents who required them. These had been recently reviewed and updated and were informed by relevant multidisciplinary professionals. Staff were informed of those plans.

Judgment: Compliant

Regulation 8: Protection

Staff spoken with were informed of their safeguarding roles and responsibilities. All staff were up to date with relevant safeguarding training. Staff described the measures that they are required to take to protect residents and to report incidents of concern.

There had been an increase in the number of safeguarding notifications received by the Chief Inspector for the designated centre in recent months. The inspector was told that these incidents had occurred following a new admission to one of the houses. The inspector therefore reviewed the admissions practices and the management of subsequent safeguarding incidents.

The inspector saw that the admissions practices were in line with the provider's related policy and took account of the need to ensure the safety and welfare of all residents. A compatibility assessment had been completed prior to the admission of

a new resident. This assessment explored potential risks including harm to others and the emotional impact of a new admission on current residents.

A transition plan was also developed which detailed how the potential resident would be facilitated to transition slowly into the centre over a period of weeks and documented issues and risks that occurred. A post-transition review was also completed which identified any negative outcomes and actions to be implemented. The inspector saw that required actions had been implemented in a timely manner. Areas for learning were also documented.

The inspector reviewed the records of three recent safeguarding incidents. These were reported to the safeguarding and protection team and to the Chief Inspector as required and comprehensive safeguarding plans had been implemented to protect the residents. The plans included skills teaching for residents to protect themselves from abuse. The safeguarding and protection team had agreed with the provider's plans and had closed the incidents.

The provider had in place policies to safeguard residents, including for example an intimate care policy and safeguarding standard operating procedure. These were all up to date.

Staff were informed of safeguarding policies and of the active safeguarding plans in the centre. They were informed of their safeguarding roles and responsibilities and were up to date with safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner which was upholding residents' rights. Staff in this centre had received training in a human rights based approach to care and described the FREDA principles (fairness, respect, equality, dignity, autonomy) to the inspector. They detailed how they uphold these principles in the provision of care. For example, they described offering choices to residents, respecting their choices and preferences and ensuring that residents received individualised and person-centred care.

The inspector saw that the practices of staff were effective in upholding residents' privacy and dignity. Staff provided care to residents with showering and with hair care and this was provided in a manner which respected residents' autonomy, privacy and dignity.

Residents were empowered to make decisions and to express their preferences. One resident, on the day of inspection, communicated that they did not want the dinner which had been prepared and a different dinner was made for them, in line with their preferences.

Residents' files also detailed how they were consulted with regularly through monthly keyworker meetings and weekly resident meetings. Residents were supported to achieve individualised goals and were consulted with regarding the day to day operations of the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 6 OSV-0003921

Inspection ID: MON-0045372

Date of inspection: 28/07/2025

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Any out of date communication profiles were referred onto the Sppech and Language team for updating. This work is in progress and due to be completed as soon as possible.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Outstanding premises repairs within the DC have been escalated to the organization management team. Review of this is currently in progress and completion schedule to be determined with relevant contractors. Currently in progress.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The updated policy is finished, signed by the CEO and is due to go before the Audit, Risk and Compliance Sub Committee of the Board before final completion. It is hoped the updated policy will be circulated by the end of September.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	22/11/2025
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	22/02/2026
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the	Substantially Compliant	Yellow	22/11/2026

	following: hazard identification and assessment of risks throughout the designated centre.			