



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 2
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:	26 February 2021
Centre ID:	OSV-0002977
Fieldwork ID:	MON-0027684

About the designated centre

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

Liffey 2 respite services offers respite to adults with an intellectual disability in a large town in Co. Dublin. It is part of a large complex and consists of two units on separate floors of the same building. The first unit consists of seven bedrooms, a communal lounge area, a communal dining room with an old style "diner" theme, a communal kitchen, a laundry room, two bathrooms and two staff office areas. For the most part, the bedrooms are single occupancy, however there is the capacity for two of the bedrooms to accommodate a second person in the case of an emergency respite admission. The second unit has six bedrooms, two living areas, a dining area, a small kitchen, a utility room, two staff offices and two bathrooms. The residents are supported 24/7 by a staff team that is comprised of nursing staff, social care workers and healthcare assistants. There are community based facilities and services available for the residents which include Speech and language therapy, occupational therapy, physiotherapy, psychology, and psychiatry. All residents availing of the respite service also attend the day services in the organisation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 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 26 February 2021	12:00hrs to 17:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met with one of the two residents that were availing of respite on the day the inspection was carried out. At the time of inspection the centre was providing a significantly reduced service in order to implement infection control measures and consequently there were thirteen vacancies. Interactions between the inspector and the resident took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance. The inspector observed that the resident seemed relaxed and happy in the company of staff and that staff were respectful towards the resident through caring interactions. During the brief conversation between the inspector and the resident, the person in charge supported the conversation by communicating with the resident.

The centre comprises two houses, located on separate floors of the same building. The centre was registered to accommodate up to fifteen residents, with nine in one house and six in the other. The second premises (which accommodated six residents) was added to the centre following a reconfiguration of the centre in February 2021.

Each of the premises was found to be homely and in a good state of repair. One premises had seven bedrooms, two of which were larger than the remaining five bedrooms. The provider had outlined in the statement of purpose that one emergency respite vacancy would be accommodated by providing dual occupancy on these occasions, which is contrary to what was observed on inspection. It was found that the communal space in the premises was not sufficient to comfortably accommodate and provide care for nine residents. At the time of inspection there was one bed in each bedroom and the inspector was informed that a second bed could be added to both larger rooms to accommodate two residents. The inspector was not satisfied that this arrangement would facilitate adequate private space or the opportunity for residents to make an informed choice about their accommodation arrangements.

The second premises had previously been used to provide respite to children. As part of the centre's reconfiguration this unit would now accommodate adults. The design and layout of the premises remained tailored to children's services with a large playroom and murals of cartoon characters. The provider had plans to redecorate the premises in a more age appropriate manner. At the time of inspection the premises was not in use for the provision of respite and was maintained for use as an isolation unit as part of the provider's COVID-19 contingency plan. This premises had the same layout as the first premises discussed. In this case the provider had determined that one bedroom would be used as an additional living area and that the remaining six bedrooms would accommodate up to six adults.

During the inspection, there appeared to be adequate staff to meet the needs of

residents, with one staff nurse and one health care assistant present. A review of rosters found that staffing arrangements were flexible to ensure that the needs of individual residents were met. The inspector found that staff had received training in relation to residents' specific individual care and support needs.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This inspection was carried out following an application to vary the conditions of the centre, so as to comprise of two units providing respite services to up to fifteen adults. At the time of the inspection the centre was operating at a significantly reduced capacity due to measures taken by the provider in order to comply with national public health guidance and to implement infection prevention and control measures.

The provider had resumed the operation of respite services at a reduced capacity following a temporary closure, implemented as part of the provider's COVID-19 risk management plans. At the time of inspection there were two residents availing of overnight respite in one unit of the centre. The other centre remained closed as part of the provider's contingency plan for use as an isolation centre.

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. It was found that just one six-monthly visit and report had been conducted in 2020, however it was noted that the centre was closed from March 2020 until February 2021. The inspector observed that the most recent provider audit had generated a number of quality improvement objectives which were in progress at the time of inspection. These included recommencing staff supervision and improvements to the premises.

There were sufficient staff in place to meet the assessed needs of residents. The provider had developed contingency plans and implemented various strategies to ensure continuity of care for residents. The skill mix of staff in the centre was found to be suitable to provide care and support to residents. There was an induction programme in place for new staff as well as a performance management system.

Staff had received training in areas such as safeguarding, fire safety and infection control. In some cases staff were overdue refresher training (in accordance with the provider's policy), however in most cases refresher training was scheduled during

the period that the centre was closed and delivery of training had been impacted by public health guidance. The person in charge reviewed staff training needs in advance of reopening the centre and refresher training was scheduled for any staff member that required it.

There was a statement of purpose in place that was reviewed and updated on a regular basis. The statement of purpose contained the information required under Schedule 1 of the regulations.

Regulation 15: Staffing

There were sufficient staff in place at the time of inspection in order to meet the assessed needs of residents. Staffing levels were lower than those set out in the statement of purpose, however these had been temporarily reduced to reflect reduced resident numbers.

There were clear staff contingency plans in place and staffing arrangements ensured continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to monitor and meet staff training and development needs. Staff had received training in areas determined by the provider to be mandatory, such as safeguarding, fire safety and positive behaviour support. The provider facilitated refresher training for staff and while some staff had not received refresher training in the period set out by the provider, it was found that the time frame for refresher training occurred while the centre was closed. There were plans in place for staff to receive refresher training in the weeks following the inspection. All staff had received training in infection prevention control in 2020.

The inspector reviewed staff supervision records and found that staff had not received supervision in accordance with the provider's policy. While the inspector recognises that supervision meetings had not occurred during the period of closure, records of supervision prior to March 2020 indicated that some staff had not received supervision since July 2019. The person in charge had implemented a new schedule of supervision for 2021 and had commenced meetings with staff in February 2021.

Judgment: Substantially 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.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently 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 3: Statement of purpose

There was a statement of purpose in place that was reviewed and updated on a regular basis and contained the required information.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality assurance mechanisms in the centre and found that the quality and safety of care and support was well monitored and that the systems in place were effective in identifying areas requiring improvement. Good practice was noted in areas such as infection control management and safeguarding. The inspector had concerns with relation to premises, specifically in relation to the capacity of one premises to provide adequate accommodation to all residents when operating at full capacity.

The inspector carried out a walk through of each of the premises. Both premises were found to be in good structural condition and were clean and tidy. In the case of one premises, the inspector was not satisfied that it had sufficient bedrooms and facilities to meet the needs of nine residents. The inspector acknowledges that for the most part, this unit accommodated a maximum of seven residents, with double occupancy used as an emergency measure. Notwithstanding, the inspector was not assured that this arrangement facilitated suitable private accommodation or that

residents had adequate consultation and options with regard to moving rooms in the case of an emergency admission.

The other premises, which was the same size and had the same layout, was found to be appropriate to meet the needs of six residents. This premises required redecoration, which the provider had identified and had plans in place to address.

There were fire safety management systems in place in the centre, which were kept under ongoing review. Fire drills were completed regularly and learning from fire drills was reflected in residents' evacuation plans.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was maintained in a clean and hygienic condition throughout. 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. 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.

The provider had put in place a water safety management system for the unit that had been reserved as a COVID-19 isolation unit and there were infection control precautions in place. There was a clear referral pathway, including well defined admission criteria, set out for the centre.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

Regulation 17: Premises

The inspector completed a walk through of both units of the premises. One of the premises had seven bedrooms with two of the bedrooms designated to accommodate up to two residents each in the case of emergency respite. The other premises had the same design and layout, however one of the bedrooms was in use as a second living area and could accommodate up to six residents overnight.

Both premises were found to be clean and generally in good condition. One of the premises required painting and some redecoration; this premises had previously provided accommodation for children and the provider had plans to change the decor and layout to more appropriately reflect the age profile of residents.

The inspector was not satisfied that the former had sufficient facilities and communal space to comfortably accommodate nine residents. While the two

bedrooms assigned to be used for twin occupancy were larger than the five other bedrooms, the inspector found that the size and layout would not provide adequate private accommodation. Furthermore, the inspector was not satisfied that the premises had sufficient facilities such as bathrooms, showers and kitchen facilities to meet the needs of all residents when operating at full capacity.

The use of two rooms to be used as emergency twin occupancy was not in line with the arrangements in the statement of purpose, which indicated the use of one 'bed' for an emergency / crisis placement. The statement of purpose also outlined the intention of the provider not to impact other residents availing of respite when accommodating emergency admissions. The inspector was not satisfied that the provision of emergency respite by double occupancy could be provided with the facilities of the centre, and without significant impact to resident's availing of respite at the time of admission.

Judgment: Not compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and hygienic. The provider had put in place a water safety management system for the unit that had been reserved as an isolation unit. The provider had established a clear referral pathway and admission criteria for use of the isolation unit.

There were hand washing and sanitising facilities available for use. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre. The provider had conducted a comprehensive risk assessment in relation to infection control risks and implemented a range of control measures, such as reduced capacity, sanitisation of the premises and designated staff teams. There was adequate personal protective equipment available.

Judgment: Compliant

Regulation 28: Fire precautions

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.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding systems in place in the centre and found there were clearly defined procedures in place to identify and address any potential safeguarding issues. The provider had a policy in place that set out the roles and responsibilities of staff in relation to promoting and protecting residents safety and welfare.

There were no safeguarding risks at the time of inspection. There was evidence that where safeguarding risks had been identified in the past, these were screened and reported appropriately, and safeguarding plans were implemented where necessary.

Staff had all received training in protecting vulnerable adults, and some were scheduled for refresher training at the time of inspection.

There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 2 OSV-0002977

Inspection ID: MON-0027684

Date of inspection: 26/02/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A new person in charge had been appointed in 2021 and met with on the day of inspection. Evidence of a new supervision schedule for the year 2021 was in place and supervision sessions had commenced. The PIC will endeavor to continue regular supervision with the staff team as per the organisational policy.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider will review the statement of purpose and the maximum occupancy of the Designated Centre, including when they have emergency respite cases attending. With the occupancy numbers being reviewed and the potential to be reduced, the number of bathrooms within the designated centre will be sufficient to meet the needs of the residents comfortable and appropriately.</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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/02/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/08/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/08/2021