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 5
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 22
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0005645
Fieldwork ID:	MON-0038849

About the designated centre

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

Liffey 5 is a residential designated centre made up of two houses in two different locations in a busy suburban town in Co. Dublin. One house is a seven bed-roomed house with an adjoining apartment located in a close knit community. One of these bedrooms is used as an office and one is used as a sleepover room. It is a semi-detached house with ground floor apartment attached. There is one sitting room, a kitchen/dining area, two showering and bathroom areas. The adjoining apartment has one bedroom, a bathroom and a kitchen/dining area. There is a front and back garden both of which are accessible by the house and the apartment. The second house, is a four bedroom two storey house. This house also has a sitting room, a communal sitting room/kitchen/dining area, two bathrooms and a staff office. There is a garden area at the back of the house for the residents and their families. The staffing team consists of social care workers and care assistants. Residents also have access to multi-disciplinary services including occupational therapy, physiotherapy and speech and language therapy. One social care leader oversees the two houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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
Thursday 13 April 2023	11:15hrs to 17:23hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and was facilitated by the person in charge and their staff team. Over the course of the day, the inspector also had the opportunity to meet with three residents. Due to the busy schedules of residents, not all residents living in the centre were present during the inspection. The inspector found that residents enjoyed a good quality of life and that the centre was resourced to promote residents' safety, personal development and community access.

The designated centre is made up of two houses in two different locations in Co. Dublin. One house is a semi-detached five-bedroom house with an adjoining apartment. There is one large sitting room, a kitchen and dining area and two showering and bathroom areas. There is also a staff sleepover room and a staff office. The adjoining apartment has one bedroom, a bathroom and a separate kitchen and living area. There is a front and back garden, both of which are accessible by the house and the apartment.

On arrival at the first house, the inspector was greeted by a member of staff. This house was home to six residents, and the majority of residents were out at their day services or active retirement groups. The inspector spent time with one resident who was watching television before they went out with staff. They told the inspector they enjoyed living in the house and spoke of new equipment they were getting to help with their mobility needs.

The inspector learned that the residents in this house were very active members of their community and were well-known in their area. Residents had a keyworker who linked directly with the residents' keyworker within their day service. Person-centred plans and support needs were shared between residential and day services with the residents' consent. Some residents choose to actively opt out of attending day services instead deciding to do activities of their choosing. The needs and wants of residents were determined through the person-centred plan and monthly keyworker meetings, including informal conversations with the residents.

As well as individual meetings, residents also took part in weekly house meetings. The inspector noted the minutes of these meetings were in photograph form and gave an insightful overview of the week and plans for the upcoming week. Copies of these meetings were forwarded to the person in charge for review or required action. It was observed that residents signed the meeting minutes and helped set the agenda for the week. Areas of discussion included updates on day services, infection prevention and control, complaints, Lámh signs (modified sign language), fire safety and activities.

The inspector also visited the single-occupancy apartment. This was decorated in a homely and modern style. There were photographs on display of the important people in the resident's life. The apartment was compact and laid out to meet the

resident's needs. Pictures of the resident using their preferred communication method were posted on their communication board to aid the resident's communication. The environment had been adapted to ensure that it was safe for the resident who lived there. Upgrades had taken place since the previous inspection, including new kitchen countertops and a refurbished bathroom. The apartment had access to the front and back garden. The person in charge outlined planned works for the gardens. The inspector observed some ground works underway, and it was explained that some residents with an interest in gardening were being supported by staff to enhance the garden in time for summer.

The inspector saw one resident being provided with one-to-one support by staff. The supported provided was consistent with the resident's support plan. On each occasion, the resident appeared very much at ease in the house and with the support provided to them. There was a warm atmosphere in the house which felt very much like the residents' home. Staff appeared to know each of the residents, their support needs, and communication preferences well. All interactions observed and overheard were respectful, kind, and unhurried. From a review of rosters and meeting with residents and staff in both locations, there appeared to be adequate staff on duty at all times of the day.

Contact with friends and family was very important to many residents in the centre, and this was supported by the staff team. Visitors were welcome in both locations, and staff also supported residents to regularly visit family members in their homes. Residents living in the centre had access to the internet and had their own mobile phones. A staff member told the inspector that one resident kept in touch with their large extended family during the pandemic restrictions through a messaging application on their phone. It remained an active means for the resident to directly update their family members, and the resident especially liked to send photos of activities they took part in.

In the afternoon the inspection visited the second house, a four-bedroom two storey house. This house has a combined sitting room, kitchen and dining area, a smaller separate sitting room, two bathrooms and a staff office. Storage areas were located off the kitchen, and one resident had the use of a storage room for their art and craft supplies. The inspector was informed that the resident liked to spend time in this room as well as spending time in the garden. A large garden area at the back of the house provided ample for the residents and their families.

One resident had returned from day services and was enjoying a snack prepared by staff. Another resident wanted to speak to the person in charge regarding an issue they were having with their laptop. The person in charge was able to assign a staff member coming in later that day who could help with their query.

Both houses were observed to be warm, welcoming and decorated in a homely manner. Residents' photographs were on display in communal areas, and some areas in the houses had been recently painted and provided with new furniture. Both houses had information boards with pictures of staff on duty, pictures of meals, the complaints process and information relating to advocacy services. During the walkaround, the inspector noted some improvements were required to the fire

safety measures as discussed later in the report.

The inspector also reviewed the feedback received from residents and some of their relatives as part of the provider's annual review process. This feedback was very positive, with one resident's family stating that their family member was looked after very well, with a proactive approach taken to any possible problems, and there was great communication with the family. Another family said they were very satisfied, and no one in the family could think of anything that needed improving upon. Suggestions from family members were also actioned by the person in charge, demonstrating that the feedback sought was being used to improve service delivery. Residents feedback was equally positive. All residents said they liked living in their homes. Residents had lived together for many years and got on well with no documented compatibility issues, enabling residents to feel safe in their homes.

Over the course of the inspection, the inspector had the opportunity to speak with individual staff members. Each were found to be very knowledgeable of residents' assessed needs and spoke enthusiastically about residents' preferred daily routines. Of the interactions observed by the inspector, staff interacted in a friendly and respectful manner with residents. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were committed to the delivery of a good quality and person centred service.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that the provider had effective arrangements in place to assure itself that, a safe and good quality service was being provided to the residents that lived in the designated centre. There was a clear management structure with clear lines of accountability, and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The person in charge was competent and had satisfactory oversight of the designated centre, and demonstrated a high level of insight into the residents' individual support needs. There was an on-call management system in place for staff to call outside of regular working hours if management support was needed. There was a quality improvement plan in place highlighting any ongoing issues and areas in need of improvement. Evidence of appropriate follow-up from actions identified was observed.

The person in charge was employed on a full-time basis and worked in this centre only. Although their role was supernumerary, they also directly supported residents as required. They clearly knew the residents well and were knowledgeable about

their assessed needs and the day-to-day management of the centre. There was evidence that regular staff meetings, and one-to-one meetings as part of the provider's performance management system, were taking place. These provided staff with opportunities to raise concerns they may have about the quality and safety of the care and support provided to residents, as is required by the regulations.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed for 2022 and involved consultation with residents and their representatives, as is required by the regulations. Unannounced visits had taken place in January 2023 and July 2022. Where identified, there was evidence that areas requiring improvement were being progressed or had been completed. For example, restrictive practices had been reviewed, and staff had completed outstanding training. The person in charge was also completing a number of other audits in the centre and spoke with the inspectors about areas for improvement that they had identified through these audits.

A review of training records indicated that there was good oversight in this area, and staff had attended training in the areas identified as mandatory in the regulations. These included fire safety, training in the management of behaviour that is concerning, including de-escalation and intervention techniques, safeguarding residents and the prevention, detection and response to abuse, and infection prevention and control. The staff team had also recently completed training in a human rights-based approach in health and social care. The person in charge informed the inspector that as a result of this training, staff had raised the issue of more one-to-one activities for residents as their preferred choice, and this had been actioned.

Many of the staff working in this centre had worked in the centre for some time and were familiar with the residents and their assessed needs. This positively impacted residents, as it provided them with continuity of care by ensuring they were consistently supported by staff who knew them well. To support the centre's staffing arrangement, relief staff were sometimes required to meet this service's rostering needs. To ensure this did not impact residents, the person in charge had ensured that only regular relief staff, who were familiar with the service and the needs of residents, were allocated to provide this additional support.

There was a supervision schedule in place for all staff. Staff meetings took place monthly in the centre and were facilitated by the person in charge. The inspector reviewed a sample of staff meeting minutes. There was a standard agenda in place and an individual agenda for each resident to be discussed. Topics referenced the centre's day-to-day management and the needs of residents and the staff team. Regular staff meetings and consistent management presence in the centre provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided to residents.

An effective complaints procedure was in place. A review of the complaints log for

each house demonstrated that any complaints made were investigated promptly, measures required for improvement were put in place, and the satisfaction of the complainant was recorded. Residents had put in a complaint regarding the house vehicle, which had since been resolved, with residents expressing their satisfaction with the new transport arrangements.

The inspector reviewed the centre's statement of purpose. This important document sets out information about the centre, including the type of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This detailed document met the majority of the requirements of the regulations. Some improvement was needed to the floorplans of the designated centre to ensure they aligned with the requirements of the regulations.

The inspector found there was good oversight of the complaints process during the previous six-month unannounced audit from January 2023. This audit reviewed the practices of recording and actioning complaints against the provider's policy. Minor improvements were noted in updating the complaints analysis log and ensuring the correct version of the policy was available. These actions had since been completed.

Regulation 14: Persons in charge

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents.

The person in charge also had a schedule of internal audits, which assisted in ensuring that areas of care, such as residents' finances, infection prevention and control and personal planning, were held to a good standard.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that a familiar staff team supported residents. There were sufficient staff employed in the centre, with the right skills and experience to meet the needs of the residents.

Staff who met with the inspector also had a good understanding of residents' individual preferences in regards to their support needs. There was one vacancy in the centre due to an absence. The person in charge informed the inspector that

these shifts were being covered by relief staff and that one relief staff was due to take up this full-time work line on the roster going forward.

Staffing levels were based on residents' needs in location. For example, in one house, additional staff were rostered on Tuesdays and Fridays when residents were not in day services. Shift patterns were also devised around residents' routines; some day shifts began at 3 pm when residents came home from day services and finished at 10 pm, facilitating residents to engage in evening outings and activities.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted staff in meeting residents' care needs and promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns they may have by attending scheduled one-to-one supervision and team meetings. The frequency of staff supervisions were high, these occurred every six to eight weeks and staff were encourage to attend each meeting with agenda topics. From a review of a sample of staff supervision records it was found these were another method by which staff advocated on behalf of residents.

Team meetings also facilitated discussion about care needs within the centre and promoted a collective approach in regards to the delivery of the service. Management presence in the centre provided all staff with opportunities for management supervision and support. .

Judgment: Compliant

Regulation 21: Records

The person in charge had set up information systems in each location so that all documents and reports were easily accessible to locate during the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the supports provided were safe and appropriate to residents' needs, and the management structure ensured clear lines of authority and accountability. This meant that all staff were

aware of their responsibilities and who they were accountable to. Social care workers reported to the person in charge, who reported to a residential coordinator, who in turn reported to the programme manager for residential services.

The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. Detailed annual reviews and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as required by the regulations. There was evidence that where issues had been identified, actions were completed to address these matters. A powerpoint presentation was given to residents of the main areas arising from the annual review and photos as a round up of the year.

The inspector found the oversight arrangements were effective at self-identifying areas of improvement and setting quality improvement initiatives that benefited residents. The person in charge reported that they attended monthly designated centre meetings with senior managers and felt well-supported in their role and that they could escalate concerns if required.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre to residents and their representatives. Improvement was needed to the floorplans of the designated centre to ensure they aligned with the requirements of the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. There was an easy-to-read information poster displayed in communal areas of the designated centre, which included a photograph and details of the complaints officers.

The complaint's procedure was monitored for effectiveness, including outcomes for residents to ensure residents received a quality, safe and effective service. It was evident that residents had been supported to voice complaints if they were unhappy with any aspect of the service provided.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was found to be maintained by a high standard of care and support. On speaking with the person in charge and staff, the inspector found that they were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs.The inspector found that the wellbeing and welfare of residents were actively promoted, and the provider and the staff team aimed to promote residents' rights and their personal development. Two areas of improvement noted during this inspection included fire containment measures and the development of some health action plans.

The inspector found residents' healthcare needs were generally well met in the centre. However, some areas for improvement were identified, mostly related to documentation. Residents had an annual healthcare assessment. A summary document had been developed for each resident to be brought with them should they require a hospital admission. Records were available regarding residents' vaccination status and completed National health screening. In most cases, where a healthcare need had been identified, a corresponding healthcare plan was in place.There was evidence of input from regular appointments with medical practitioners, including specialist consultants, as required. There was also evidence of information from health and social care professionals such as speech and language therapists, physiotherapists, and dietitians.

The inspector viewed a sample of residents' personal plans and found these were kept to a high standard of information and detail provided. Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. Many residents' most recent meetings to develop these plans had taken place in recent weeks. In the previous year, residents had been supported to achieve goals that were meaningful to them. These included going on holiday, updating their bedroom, becoming members of a bingo hall, attend sports and music events and discos. Clear evidence was provided that residents were living a good life in line with their wishes, which was demonstrated through the wide range of photographs throughout the residents' files.

Residents were supported with their emotional needs, and the recommendations outlined by a behaviour support specialist were detailed in behaviour support plans and were implemented in practice. Restrictive practices were recorded each time they were implemented, and practices were discussed with residents and regularly reviewed.

Risks within the centre had been identified and assessed, and risk management plans were implemented to mitigate the risk of harm to residents, visitors and staff. The person in charge told the inspector they had attended training on risk and

incident management. They described how risks should be managed and the reporting procedure if any risks were identified.

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire-fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place to ensure residents were aware of the evacuation procedure to follow. Fire drills contained a good level of commentary of the effectiveness of the evacuation. While the majority of fire doors had self-closures this was absent on the door of the utility room and required review.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured these residents were supported to express their wishes. These residents were cared for by staff familiar with their assessed communication needs and able to interpret residents' wishes through visual cues, pictorial references and gestures.

Staff had 'Triple C' training, the assessment tool used by the speech and language therapist to assess the functioning of unintentional communication to early symbolic levels to support staff to become better communication partners to residents.

Judgment: Compliant

Regulation 12: Personal possessions

There was good record keeping at a local level regarding any money belonging to residents that was received or spent while in the centre. The financial accounts of residents who received the provider's support with their financial affairs were well managed, and these were audited regularly to ensure measures were in place to safeguard residents' finances.

All residents had a cash book that outlined all transactions, and these were checked daily by staff, and the person in charge signed off on them as being complete and accurate on a weekly basis. Financial passports were on file for each resident, and residents' contributions towards their accommodation were assessed yearly through national and provider assessment processes.

Judgment: Compliant

Regulation 13: General welfare and development

Resident's personal development was promoted through the actions of the staff team and management of the centre. The residents all led very active lifestyles, and the provider had ensured that adequate transport and staffing arrangements were in place, to facilitate them to be as active as they were.

Staff were very familiar with each resident's preferences for social activities and endeavoured to ensure that the weekly scheduling of social interactions were very much based on the interests of residents so as to maximise the potential of their social interactions.

Judgment: Compliant

Regulation 17: Premises

The action from a previous inspection had been completed where it was found that the design and layout of the dining room in one location could not seat all residents. The person in charge told the inspector that an extendable table had been purchased that addressed this issue. The inspector observed new flooring and painting in some areas of the house and works underway to develop the gardens.

It was also found during the previous inspection, that one resident did not have adequate space to live as independently as they wished and had accumulated many items, such as pots and pans, a toaster and a kettle in their bedroom. From meeting the resident and talking with the person in charge, the resident was happy living in the centre and did not want to move to accommodation that would support more independent living.

Generally, the inspector found the premises were in a good state of repair; there were some maintenance issues that needed to be addressed; however the provider had clear plans in place for each of these.

Judgment: Compliant

Regulation 20: Information for residents

The provider had created a residents' guide for each residential house that made up the centre. They were found to meet the requirements for Regulation 20 and were comprehensive in scope.

They included the arrangements in place for visiting, the facilities provided, terms

and conditions of residency, residents' participation, complaints, health and safety and accessing the Health Information and Quality Authority (HIQA reports.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks within the centre, and comprehensive risk assessments were in place for issues which had the potential to impact upon resident's individual safety or the overall delivery of care. Risk assessments included lone working, falls, refusal of medical treatment, alcohol use and non-adherence to dysphagia plans.

Risk assessments were subject to regular review and were amended to reflect where changes in care had occurred. For example, a risk assessment had been completed for the removal of mask-wearing in line with recent residential public health guidance.

In addition, the provider had an incident reporting system in place which assisted in ensuring that senior management would be made aware of issues, incidents or accidents which had the potential to impact on the quality or safety of care.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety arrangements in place, including fire detection systems, emergency lighting and regular fire drills were occurring. However, issues were identified upon this inspection with regards to fire containment.

When in the second house, the inspector observed the door of a utility room, containing a washing machine and dryer, open. There was no mechanism in place to ensure the door was an effective containment measure in the event of a fire. This room was also located on the emergency evacuation route for an inner bedroom and required review by a competent person in fire safety.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had systems in place for the assessment of residents' needs and

development of personal plans, to guide staff on how best to support the residents.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents and had been recently reviewed. Information was available regarding residents' interests, likes and dislikes, the important people in their lives, and daily support needs, including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime support plans. Residents' goal setting was also an important aspect of the care delivered to these residents, with staff appointed with the responsibility for supporting residents to work towards achieving their chosen goals.

Judgment: Compliant

Regulation 6: Health care

Each resident had a comprehensive 'My Health Assessment' carried out on a yearly basis so that associated health conditions were identified. For the most part, each health condition had a health action plan, including dysphagia, mental health and epilepsy. Falls risk assessments had been completed where required, and multi-disciplinary supports were available to residents who required them through a referral system. While reviewing the health assessment, the inspector found that not all health requirements had an action plan to ensure that the health condition was clearly communicated to staff and reviewed. In addition, improvements were required to weight monitoring to ensure they were completed as required, and guidance was available on when action was to be taken.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported with their behavioural and emotional needs and could access the services of a psychiatrist and a behaviour support specialist. Behaviour support plans were developed by the behaviour support specialist and were in line with risk assessments.

Behaviour support plans were individualised for each resident that required this support. For instance, positive behaviour plans and 'Wheel of Optimum living plans' were used depending on the specific need of the resident. These outlined the proactive and reactive supports to help residents manage their emotions and to ensure their wellbeing.

There were three restrictive practices in use in the centre, which had been discussed

with the residents before implementation. Records were maintained each time a restrictive practice was used, and the circumstances for the use of restrictions were clearly set out in personal plans. Restrictive practices were reviewed by a restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured effective systems were in place to guide and support staff on the timely identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. At the time of this inspection, there were no safeguarding concerns in this centre.

All staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Safeguarding was discussed regularly at residents' meetings to increase residents' awareness and to support them in developing the skills needed for self-care and protection.

Team meetings included scenario-based questions on safeguarding matters ensuring that staff knew who to contact in the event of a safeguarding incident and how it should be reported and recorded in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were encouraged and supported to exercise choice and control while living in the centre. The day-to-day organisation of the centre was centred around the choices and needs of residents. For example, where a resident was not attending day services, staff were on duty, and supported the resident with social outings in the community. In the evenings and at weekends some residents liked to visit their families, and for other residents, they liked to go out shopping or for a meal, and these choices were facilitated.

Throughout the inspection, the inspector saw several documents with an accompanying accessible version to support residents' awareness and understanding of their contents. These included the centre's resident guide, the annual review, and information regarding COVID-19, vaccines, and healthy lifestyle choices. Residents' rights were a frequent topic in keyworker and residents' meetings.

The inspector found that these measures clearly demonstrated that the provider and the staff team valued residents' opinions on the service and aimed to promote rights

and service improvement.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 5 OSV-0005645

Inspection ID: MON-0038849

Date of inspection: 13/04/2023

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose for Liffey 5 had been reviewed on the day of the inspection and the floor plans for the two buildings are now aligned with the requirements of the regulations.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The door to the utility room in one of the buildings has been scheduled for review with maintenance department and will be brought to the standards required under regulation 28 Fire Precautions.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: All residents residing in Liffey 5 have a weight monitoring chart filed in their personal plans. All weights are documented monthly in personal plans and audited by the Person in Charge. All residents health requirements now have a corresponding care intervention action plan to guide staff in managing and monitoring all residents health care needs.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/08/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/05/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/05/2023