



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

Issued by the Chief Inspector

Name of designated centre:	Liffey 7
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 24
Type of inspection:	Short Notice Announced
Date of inspection:	22 October 2020
Centre ID:	OSV-0002972
Fieldwork ID:	MON-0023552

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 October 2020	13:55hrs to 17:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector was greeted by two residents who welcomed them to the centre. Residents were observed to be comfortable in their home and both premises were clean and decorated in a homely manner. The inspector saw photos of residents and artwork that residents had created used to decorate communal areas. All residents were seen to be well dressed and neatly groomed. Residents engaged enthusiastically with staff and staff communication with residents was seen to be respectful, cordial and responsive to residents expressed needs and wishes. The inspector observed some residents going out with staff throughout the course of the inspection. One resident told the inspector that they were involved in a fitness challenge and that staff were supporting and encouraging them in completing this endeavour.

Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents. While there were some areas of improvement required, these had been identified by the provider and there were action plans in place.

There was a statement of purpose in place that was reviewed and updated on a regular basis. While the statement of purpose contained the information required by Schedule 1 of the regulations, some of this information was found to be inaccurate, for example the staffing whole time equivalents.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. There were a range of audits that were carried out at a local level to monitor the quality of care and service provision, such as medication audits and staff training audits. 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.

The centre was staffed by a team of social care workers who were found to have the necessary skills and experience to meet residents' assessed needs. Staff had received training in areas determined by the provider to be mandatory, such as fire safety and safeguarding. There were arrangements in place to provide additional training related to residents' needs (such as specific health care needs), refresher training, and professional development opportunities.

Further review of staffing arrangements found that there were sufficient staff

available, with the required skills and experience to meet the assessed needs of residents. Staffing arrangements, such as recruitment and workforce planning, took into consideration changing needs of residents and facilitated continuity of care. The provider had a clear contingency plan in place in the event of staff absences due to COVID-19. There was a planned and maintained roster that accurately reflected the staffing arrangements in the centre.

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. Training was made available in areas specific to residents' assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

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.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available that contained most of the information

required by Schedule 1 of the regulations, some of this information was found to be inaccurate.

Judgment: Substantially compliant

Quality and safety

The governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. Overall it was found that the centre had the resources and facilities to meet residents' needs, however some improvement was required with regard to premises.

The layout and design of the premises was appropriate to meet residents' needs. Generally, the premises was found to be in a state of good repair although there was some painting required throughout one premises, and new flooring was required in the bathroom and kitchen of one of the buildings. The provider had identified these issues through their own quality audits, and there were plans in place to address them. A review of maintenance records found that urgent premises issues were rectified in a timely manner, and that consideration was given to the accessibility of the centre and facilities to residents.

It was found that residents' general welfare and development was supported in a planned and person centred manner. Some residents attended a day service, although due to public health guidance had not been able to access this for a number of months; the provider had amended the staffing arrangements in order to facilitate access to day service resources from the centre. Residents were engaged in a variety of activities and recreation opportunities both within the centre and in the community. Residents needs and preferences were considered and facilitated in activity planning, and residents spoken with stated they enjoyed walks in the community, fitness challenges, cooking and arts and crafts. Residents were supported to maintain and develop relationships and friendships, with visits to the centre facilitated under the appropriate public health guidance. Residents also kept in touch with family and friends through phone calls and video calls.

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 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. The person in charge had made available up to date infection control information and protocols. 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 inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. Residents had access to a local pharmacist and prescribed medicines were available as required. Staff had received training in the safe administration of medicines, and there were systems in place to monitor the management of medicines. The person in charge had ensured that residents' capacity to manage their own medicines had been assessed, and that the necessary supports were in place.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. There were no active safeguarding risks at the time of inspection. Records indicated that any potential safeguarding risks had been reported to the relevant statutory agency.

The provider had supplied two vehicles for the use of transport that were available to residents. There were systems in place that ensured these vehicles were roadworthy and regularly serviced. Records indicated that both vehicles were serviced promptly when required, and that alternative transport options were made available to residents.

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. While there were arrangements in place to test fire alarms, at the time of inspection the smoke alarm in a shed of one of the premises was not operational when tested; this was raised with the person in charge for corrective action. There were suitable fire containment measures in place and there were detailed fire evacuation plans in place for residents. Staff had received training in fire safety and evacuation.

Regulation 13: General welfare and development

The provider ensured that residents had access to a range of opportunities for recreation and occupation in accordance with their preferences and abilities. Residents engaged in various activities in the centre and in the wider community and were supported to maintain and develop personal relationships.

Judgment: Compliant

Regulation 17: Premises

While generally the premises was in a good state of repair, there were some cosmetic issues that needed to be addressed; the provider had clear plans in place for each of these.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider ensured that vehicles that were used to transport residents were roadworthy, serviced regularly and insured.

Judgment: 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 maintained in a clean and hygienic condition throughout, with hand washing and sanitising facilities available for use. Infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 28: Fire precautions

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. One fire alarm was not working effectively on the day of inspection, and this had not been identified in fire safety tests.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. Residents' capacity to manage their own medicines had been assessed and there appropriate supports in place

where necessary. Residents had access to a pharmacist of their choice.

Judgment: Compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff had received relevant training in safeguarding and it was found that any potential safeguarding risk was investigated responded to appropriately. 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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 7 OSV-0002972

Inspection ID: MON-0023552

Date of inspection: 22/10/2020

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
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated with the correct staffing whole time equivalent.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: As outlined in the report the service has a plan for completion of all premises issues outlined (painting in one location, flooring for one bathroom and kitchen). As soon as national guidance allows and contractors are able to gain access work will be completed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The batteries in the smoke alarm were changed on the day of inspection. It is in full working order.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2021
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	20/11/2020
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	20/11/2020