



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

Issued by the Chief Inspector

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| Name of designated centre: | Liffeyvale Farmleigh Respite Service |
| Name of provider: | Health Service Executive |
| Address of centre: | Dublin 20 |
| Type of inspection: | Announced |
| Date of inspection: | 08 December 2021 |
| Centre ID: | OSV-0003375 |
| Fieldwork ID: | MON-0026925 |

About the designated centre

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

This designated centre provides specialist respite care for 60 children with autism both male and female on a rotational basis. The maximum number of children accommodated for a respite break at the same time is nine. The centre consists of two houses both of which are in Co. Dublin area and close to a variety of local amenities and public transport links. The first house consists of five single bedrooms with four ensuite bathrooms, a staff office, a kitchen, dining area, two sitting rooms and a playroom room. The second house has four bedrooms one of which is ensuite, two bathrooms, a kitchen come dining room, sitting room, playroom and multisensory room. Children are supported by a staffing team 24 hours a day seven day a week and the team comprises of a person in charge, clinical nurse managers, staff nurses, health care assistants and household staff.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 |
|------------------------------|-------------------------|-------------|------|
| Wednesday 8 December 2021 | 12:00hrs to 17:30hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

There were four young people availing of a respite break at the time of the inspection and the inspector of social services had the opportunity to meet and briefly engage with each of them. Overall the findings of this inspection were that young people were in receipt of a good quality and safe service. Throughout the inspection they each appeared comfortable and content and one young person told the inspector they were very happy to be in respite.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with young people and staff, was limited and done in line with public health advice. The designated centre is made up of two premises and the inspector visited and spent time in each of them. In addition to meeting the four young people, two questionnaires about care and support in the centre were posted to the inspector, and they received three questionnaires during the inspection.

In one of the houses the inspector met two young people. They had both been attending for respite breaks for a number of years and appeared comfortable, relaxed and content in the centre. They were busy engaging with staff when the inspector met them, and once they greeted the inspector they continued with the activities they were enjoying.

In the other house, two young people were on their respite break. They both had their favourite bedroom in the house and there were prepared for them by staff in advance of their stay. They had access to games systems, games chairs and a television for their bedroom, should they wish. One young person showed the inspector their bedroom including their favourite duvet cover, television, games, and games systems. The other young person was spending time with staff in the games room downstairs.

Each of the houses had plenty of communal and private spaces. They had games rooms and young people had access to books, board games, puzzles and arts and crafts materials, and there was a soft play area in one of the houses. Each house had an enclosed back garden where young people had access to swings and other outdoor toys. One of the gardens was smaller than the other, and one young person stated in their questionnaire that they 'would like a better garden' but went on to say 'but we get lots of trips out to the park which is good'.

It was evident that huge efforts had been made in the centre to ensure information was available for young people in a format that suited their communication styles and preferences. There were picture rosters to show what staff were on duty which included pictures of these staff with and without a face mask. There was easy-to-read information on display in relation to complaints, COVID-19, social distancing, using masks, handwashing, fire safety, rights, and safeguarding. There were a

number of social stories for young people in relation to areas such as fire safety and one had been developed to ensure young people were aware the inspector was visiting, and why.

In the questionnaires complete by young people and their representatives in advance of the inspection, both young people and their representatives were very complimentary towards care and support in the centre. Many compliments and positive comments were included in the questionnaires such as: 'fantastic care', 'very happy', 'respite has helped with my independence and making new friends', '...absolutely loves their respite house', 'its a home from home', '...has blossomed under their guidance'. . Young people and their representatives were complimentary towards the staff team with comments such as; 'staff are well trained, polite, competent and confident with a proper leadership structure', and 'the staff are always kind and understanding' 'it is an exceptional facility that couldn't be any better'. In the questionnaires young people indicated they had been using the service for between five and 13 years.

One young person indicated they were aware of the complaints procedure and had made one as they wanted more respite breaks. There was a complaints and compliments log in the centre. The inspector had the opportunity to review a sample of the many compliments in relation care and support for young people. Examples of comments by young people and their representatives were 'thank you for the kindness', 'heartfelt gratitude to staff', and 'thank you for all the care kindness, reassurances and support'. The centre was referred to as a 'second home' by one young persons' family member.

Respite satisfaction surveys were sent to residents and their representatives annually. There were high levels of satisfaction with the quality of care, safety, caring and professional staff, and respite support and service in these surveys. Surveys indicated that young people enjoyed coming into respite and were developing their independence and socialisation skills in respite. Young peoples' representative were also contacted by phone as part of the provider's six monthly review in the centre and feedback in these was also very positive.

During the inspection, the inspector observed kind, caring and warm interactions between young people and members of the staff team. Staff were observed to be very familiar with each young person's care and support needs and to be motivated to ensure they enjoyed their respite break and participated in activities that were meaningful to them during their stay. There were a number of staff vacancies and a number of staff on unplanned leave at the time of the inspection. Regular staff were completing additional house and there were regular agency covering the required shifts. The inspector was informed that the provider had just successfully recruited to fill seven vacant positions.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the governance arrangements were ensuring that young people were safe and enjoying their respite breaks. The designated centre was well managed and met and exceeded the requirements of the regulations in many key areas of service provision. The local management team were focused on ensuring each young person enjoyed their respite break and they were proactively driving improvements in the centre.

The person in charge had commenced in their post in 2021 but had worked in the centre as a clinical nurse manager for many years. They were found to have an in depth knowledge of the young people's needs and to have systems in place to monitor the quality and safety of care and support in the centre. They were full-time in the role and shared their time between the two houses to ensure that care practices were maintained to a good standard.

Members of the staff team spoke with the inspector about young people's likes, dislikes and preferences. They were familiar with their communication preferences and observed to listen and respond appropriately to young people's requests for support. They were also observed to afford young people the opportunity to complete tasks independently and to spend their time doing things they enjoyed.

There were nine whole time equivalent vacancies prior to the inspection. There had been a high number of shifts covered by regular agency staff over the last number of years. From a review of sample rosters in one house approximately 30% of shifts were covered by agency staff, and in the other house 60% were covered by agency staff. However, the inspector was informed that the provider had just been successful in recruiting to fill seven of these nine posts.

There was clear evidence that staff received supervision in line with the providers' supervision policy. The files reviewed clearly showed that the emphasis within supervision was both in relation to accountability, and staff development and progression. Staff were in receipt of training and refresher training in line with the organisation's policy and young people's assessed needs.

There were good systems of auditing and oversight both by the person in charge and the provider. The provider had ensured that both the annual review and six monthly visits had taken place. The recommendations from these formed the basis for improvements and changes within the service. For the most part, the provider was self-identifying areas for improvement and taking the actions to bring about these improvements.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They had systems in place to ensure the effective governance, operational management and administration of the designated centre and were knowledgeable in relation to young people's care and support needs.

Judgment: Compliant

Regulation 15: Staffing

It was evident that every effort had been made by the provider to ensure that young people were in receipt of continuity of care and support despite the number of staff vacancies in the centre. Staff were completing additional hours and regular agency staff were covering the required shifts. The provider had just filled seven of the nine staff vacancies and were actively recruiting to fill the remaining vacancies.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policy and young people's assessed needs. They were also in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in

the centre, including injury to young people.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of young people was being monitored and developed on an ongoing basis. For the most part, the provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre. The provider was in the process of ensuring that there were enough staff who were familiar with residents, supporting them.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The Office of the Chief Inspector was notified of all the required information in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Young people were protected by the complaints policies, procedures and practices in the centre. There was a nominated complaints officer and the complaints procedures were available in the centre and discussed regularly with young people during their respite breaks.

There was a complaints log which contained the status of complaints, and the

actions taken. Consideration was given to the satisfaction level of the complainant and this was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by the Regulation were in place and reviewed in line with the required timeframe.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in the centre were ensuring that young people were in receipt of a good quality, person-centred and safe service. Young people were being supported to make choices during their respite breaks about how and where they spent their time.

Both houses were found to be clean, warm and comfortable during the inspection. Young people had access to sufficient private and communal spaces to spend their time during the their respite break. There were outside areas available for young people in both of the houses and play equipment available to them. Some areas for improvement were required in the premises, the provider was aware of these and plans were in place to complete the required works.

Every effort was being made to ensure that young people were assisted and enabled to communicate during their respite break. Information was available throughout the centre to empower them to make decisions. Their communication needs and preferences were well documented and staff were aware of these. Young people had access to appropriate forms of media including radio, televisions and the Internet.

Young people were protected by the policies, procedures and practices relating to infection prevention and control. The provider had adapted their polices and procedures and developed contingency plans for use during the COVID-19 pandemic. Both premises was clean and there were systems in place to ensure that each area of the houses were cleaned regularly. There was personal protective equipment (PPE) available and systems in place to order more as required. Staff had completed a number of infection prevention and control related trainings. Young people were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives.

There were adequate arrangements for detecting and containing fires in the centre and systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plans were on display and there was emergency lighting in place. Some improvements were required in relation to the completion of an documentation relating to fire drills. In addition, one young persons' personal emergency evacuation plan required update and improvements were required in relation to the availability of keys for a number of gates at the back of one of the premises. Assurances were sent by the provider after the inspection in relation to repeat fire drills, documentation, and the availability of additional keys for gates.

Young people had an assessment of need and personal plan in place and these were being reviewed and updated regularly to ensure they were reflective of young peoples' needs. The sample of plans reviewed were found to clearly guide staff practice and to be up-to-date and reflective of young peoples' care and support needs.

Young people were also protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training for safeguarding children and adults. Staff who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported, and followed up on in line with the organisation's and national policy.

Regulation 10: Communication

Young people were being supported to communicate in accordance with their needs and wishes. Staff were aware of their support needs and their needs and preferences were documented in their personal plans and communication passports.

Judgment: Compliant

Regulation 17: Premises

For the most part the houses were well maintained internally and externally. However, there were a number of areas where painting and repairs were required. The provider's latest 6 monthly audit had highlighted some of these and painting was due to be completed by April 2022, some flooring was due to be replaced by the end of January 2022, and power washing was also scheduled for the playground surfaces in both houses.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Each young person had a document which outlined their dietary requirements and preferred meals and snacks and there were picture menus available. During the inspection, one young person was observed showing staff a picture on their mobile phone of what they would like for dinner.

There were procedures in place for reheating and chilling food, and for checking fridge and food temperatures. The fridge, freezer and pantry were well stocked and there were snacks, fruit and drinks available for young people in the kitchen.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for young people and their representatives in the designated centre. In addition each of the houses had easy-to-read books which included pictures of the house and facilities, the complaints process and the children's charter.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of young people, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place and young people and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control.

There were cleaning schedules in place to ensure that each area of the houses. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate arrangements for detecting and containing fires in the centre

and systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plans were on display and there was emergency lighting in place.

For the most part, young people's personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre. However, one young person's plan required update following a drill where it took an extended period of time for them to safely evacuate the centre. A repeat drill was completed following the inspection and strategies which proved successful in supporting them to evacuate in a timely manner were recorded on their personal emergency evacuation plan.

A number of gates at the back of one of the premises were locked during the inspection. While there were keys available in a central location, a number of additional keys were sourced to ensure that each staff had keys should they be required in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Young people had an assessment of need and personal plan in place. They were found to be person-centred and to clearly identify young people's care and support needs, their talents, their preferences, and their goals. They were being regularly reviewed to ensure they were reflective of their current support needs.

Judgment: Compliant

Regulation 8: Protection

Young people were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed training in relation to safeguarding children and adults to ensure they were aware of their roles and responsibilities.

Judgment: Compliant

Regulation 9: Residents' rights

Young people were being supported to develop and maintain their independence during their respite stay. It was evident that every effort was being made to support them to make choices and have control over how they were spending their time

during their respite stay.

There was information available and on display in relation to areas such as complaints, rights, and accessing advocacy services. A review was completed at the end of each respite break to see how it went for young people, to ensure they were enjoying their break.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Liffeyvale Farmleigh Respite Service OSV-0003375

Inspection ID: MON-0026925

Date of inspection: 08/12/2021

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 15: Staffing | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection 3 vacant positions were filled and in situ since January 2021. 4 more staff have returned expression of interest documentation to HR and are awaiting successful contracts. The HSE has a rolling campaign in place and SSIDS have held interviews for both nursing and care-staff in 2020 Any agency staff currently being used are familiar to children and young person's ,are being rostered on a line and with no adhoc agency staff in use. Agencies providing healthcare workers have also been contacted with regard to nursing or care staff vacancies and have provided staff who were interested in WTE agency Positions with the service.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: A list of environmental maintenance requirements have been sent in to the director of nursing for approval under this year's capital and have been flagged on the six monthly review Seating has been approved for one unit- will be delivered in January 2022 A request for new vehicle for one unit- sent in on capital list New flooring for one unit- quotes sent to director of nursing and put on capital list for 2022 Some curtain/ blind replacements – contractor will visit unit in January 2022 to arrange samples and replacements of those needed – Maintenance have been contacted again(December 29th 2021) with regard to power</p> | |

housing of the two units and a replacement bath for one unit which has been ordered

The power hosing was deferred due to storm weather at the time of inspection but has been flagged with the maintenance dept. to arrange with contractors

Two washing machines required were ordered and replaced in both units and are in situ since inspection (January 4th 2022).

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| Regulation 28: Fire precautions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Fire drill with young person noted as taking longer than it should and peeps to be updated

A repeat fire drill took place with the young person in question after consultation with his mother and school staff – changes were made to the young persons personal evacuation plan and a copy was sent to the inspector immediately (date of inspection) and notification of the fire drill that was repeated was also sent

Fire drill repeated on the (12.12.21) sent to the inspector on the (13.12.21)

The fire drill that was repeated with the young person reduced to two minutes in duration.

External garden door that is locked with a key with regard to ease of evacuation

The Maintenance department were contacted with regard to the external gate in the back garden that was locked in one unit and had only two keys in the central office .

Consideration with regard to the suggestion of a lock box was made and a risk assessment conducted (Copy sent to the inspector on the date of inspection 8.12.21 and copy of email to the maintenance department)

Both the maintenance department and the unit staff were concerned that children utilize the back garden frequently and might easily be able to access the lock box and could be a safety risk with regard to absconding out to the area that leads to outside main gate entrance.

The maintenance department were emailed on 8.12.21 date of inspection to confirm the phone call and the request for copies of keys.

These were delivered to the unit on the 9th of December. One was given to all staff who carry their work bunch of keys with them at all times. An email was sent to the inspector to advise them of this on the 10.12.21

The risk assessment was reviewed again on the 12.12.21 to reflect changes and reduction of the risk regarding the external door for evacuation purposes.

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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 31/03/2022 |
| 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. | Substantially Compliant | Yellow | 31/03/2022 |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the | Substantially Compliant | Yellow | 12/12/2021 |

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|---------------------|---|-------------------------|--------|------------|
| | event of fire, all persons in the designated centre and bringing them to safe locations. | | | |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | Substantially Compliant | Yellow | 12/12/2021 |