



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

## Issued by the Chief Inspector

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 April 2022
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0036316

## About the designated centre

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

Liffey House is a community based residential centre for adults with disabilities. The premises is a detached bungalow located close to a small village in County Kildare. Residents have access to vehicles to support them to access their local community. The centre is subdivided into two parts, one of which is a self-contained one bedroom apartment, where one resident resides. The other section comprises of five bedrooms where up to four residents reside. Care is provided to both male and female adults some of whom have autism and mental health support needs. The skill mix in the centre is made up of social care workers, assistant support workers a team leader and a person in charge. There are two sleep over staff and one waking staff on duty at night time. The centre is managed by a person in charge who is employed in a full-time capacity.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 (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
Tuesday 5 April 2022	10:45hrs to 15:10hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

The inspector found, from speaking with residents and staff members and from what was observed, that this was a well run centre which provided a high standards of care and support to those who were availing of its services. Residents were enjoying a good quality of life and told the inspector that they were happy living in the centre. They provided positive feedback about their experiences of the supports they received and communicated that they felt safe, respected and were happy with the arrangements in place.

During the course of the inspection, the inspector spent time speaking and listening to the experiences of four residents. One resident had returned from clothes shopping with a staff member and took the time to show other staff members and residents what they had purchased. Another resident was preparing to attend a medical appointment and explained to the inspector the supports they received from staff members as part of this preparation. Another resident was planning on meeting a family member to go for a walk nearby. All of the residents were busy with their daily activities and enjoyed the opportunity to tell the inspector about these. While chatting, one resident prepared a meal and later enjoyed it in the company of the group. The residents spoke about the staff team in a very positive and warm manner. One resident said "the staff are great, they know me very well" while another resident said "I have my favourite staff but they are all very good".

The inspector found that there was a homely, relaxed and warm atmosphere in the centre at the time of the inspection. Residents were encouraged to live as independent lives as possible and to contribute towards the day-to-day operations of the centre. Some residents told the inspector that they attended day service on two days each week and also engaged in a range of activities with other residents such as computer classes, arts and crafts classes, and a bowling group on a regular basis. Two of the residents were looking into part-time employment opportunities in the local community and were being supported by the staff team with interview preparations for example. Some of the residents had memberships in the local leisure centre and attended it regularly to swim and use the other facilities.

It was clear that the resident group had developed strong relationships with the staff team and were observed to be laughing and joking with them. The staff members met with were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease.

The inspector found that there was significant use of restrictive practices in the centre, however, there were systems in place to ensure that residents consented to

these and they were proportionate to their needs. There were weekly resident forum meetings taking place which included agenda items such as menu planning, activity planning, maintenance issues, day services, residents' rights, complaints, safeguarding and COVID-19 updates.

Overall, the inspector found that this was a good centre which was well managed and had employed effective systems to allow for appropriate oversight of the care and support being provided to residents. There was clear evidence to demonstrate that the resident group were safe and supported to live good quality and meaningful lives.

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.

## Capacity and capability

This centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were positive and there was clear evidence to demonstrate that good quality services were being provided.

The inspector found that there was effective leadership by the person in charge and there were appropriate arrangements in place for the governance and management of the centre. The person in charge had a clear understanding and vision of the service to be provided. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There was a clear management structure in place and effective management systems had been implemented to allow for oversight of the care and support being delivered.

A review of staffing arrangements found that the staffing allocation for the centre as outlined in the centre's statement of purpose was not in place in practice. Staff duty rosters for a one month period were reviewed and were found to have a deficit of approximately 1.63 full time equivalents (FTE) which equated to approximately 63 hours per week or 10 per cent of the total staffing allocation. While there was a significant reliance on relief staff to supplement the core staff team employed in the centre, the inspector found that there was good continuity of care and support ensured through these arrangements.

There were significant levels of training and development in place for staff members. A review of training records found that all staff, including relief staff members, had completed the training outlined as required by the registered provider. The training courses and supports provided reflected the needs of residents living in the centre. There were appropriate arrangements in place for the

supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members along with monthly team meetings.

### Regulation 15: Staffing

While the inspector found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider about the agreed staffing allocations for the centre. A review was completed of the staff roster for an four-week period and it found that the allocation of staffing was lower than that outlined in the centre's statement of purpose. There were planned and actual staff rosters maintained in the centre as per the requirements of the regulations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of residents. There were appropriate arrangements in place to ensure that the staff team were supervised and supported in their roles.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a strong leadership in place and the person in charge, person participating in management and team leader demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities. An annual review and six monthly unannounced visits to the centre had been completed by the registered provider as required by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. Residents were encouraged to express any concerns they had and this feedback was welcomed by the management and staff teams. There had been no complaints made in the time since the last inspection of the centre. There was a complaints policy in place along with easy-to-read complaints procedures and residents spoken with knew how to raise a concern should they ever need to.

Judgment: Compliant

## Quality and safety

The inspector found that the resident group who were availing of the services of this centre appeared to receive care and support which was of a high standard, delivered through a person-centred approach, and safeguarded individuals from experiencing abuse. The residents were supported to live active, meaningful and rewarding lives through the supports which they received where possible.

There was clear evidence available to demonstrate that residents' social care needs were met through the supports provided in the centre. Residents told the inspector that they enjoyed engaging in a variety of activities and social outings and had developed and maintained good relationships with their families and friends. Activities which residents were supported to engage in reflected their abilities, needs, wishes and interests and it was clear to the inspector that the staff team knew the residents' needs well and acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. A review of incident, accident and near miss records found that incidents of a safeguarding nature which were alleged to have occurred in the centre were appropriately followed up on and managed in line with local and national policy requirements.

## Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing. The resident group were found to have been appropriately supported and encouraged to connect with family and friends and to feel included in their community. There was clear recognition in the centre that each resident had something to contribute at all stages of their lives and these contributions influenced the manner in which the



centre was operated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured that all staff working in the centre were familiar with the residents' mental health and behavioural support needs and had implemented support plans that ensure a consistent approach to supporting the residents. As a result, staff members had up-to-date knowledge and skills to respond to behaviours or mental health needs which arose and appropriately support residents. Restrictive practices which were in use in the centre appeared to be used in accordance with national policy and guidance.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and despite the high levels of restrictive practices in place, were supported to exercise choice and control over their daily lives while availing of the services of the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0036316

Date of inspection: 05/04/2022

## 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:</p> <ol style="list-style-type: none"><li>1. The Person in Charge (PIC) will update the Statement of Purpose so that it reflects the Management and Staffing arrangements in place to meet the Service Users care and support needs and this corresponds with the Staffing allocations outlined on the Roster.</li><li>2. The Person in Charge (PIC) will update the Statement of Purpose so that the Staffing compliment table captures all Staff employed in the Centre in full time equivalent (FTE).</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	20/05/2022