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 1
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:	02 September 2020
Centre ID:	OSV-0003583
Fieldwork ID:	MON-0026590

About the designated centre

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

Liffey 1 is a residential service for people with disabilities made up of two two-storey buildings in a residential area in a large town in Co. Dublin. The service supports residents to live as independently as they can. Support is based on identified needs and abilities of the residents availing of the service. Of the two buildings, one building is a seven bedroom house with a sitting room, kitchen/dining area, two shower and bathroom areas and a rear garden. The second building is a seven bedroom house with a communal sitting room, kitchen/dining area, utility, three bathrooms and a large rear garden. Each resident has their own private bedroom. Both buildings have one en suite bedroom. Liffey 1 is a community based service and offers support to residents to access work, education and recreational activities in the wider community. There is also access to a multi-disciplinary team in the service which includes nursing staff, social workers, physiotherapists, occupational therapists, speech and language therapy, and psychology.

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 - 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 2 September 2020	09:35hrs to 16:50hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The inspector met and spoke with four of the residents who live in the centre. Residents appeared comfortable in their home and were seen to be relaxing, dining and preparing to go out to visit a family member. Residents greeted the inspector and some showed the inspector parts of their home.

The inspector observed interactions between staff members and residents to be friendly and courteous. Staff were knowledgeable of residents' communication support needs and were responsive to communication and requests from residents. Residents appeared to be confident in making their needs known and directing how they received care and support.

Capacity and capability

The centre was found to have well established governance and management systems in place that were ensuring safe and quality care was being delivered to residents. While there were some areas requiring improvement to come into compliance with the regulations, for the most part these had been identified through the provider's oversight mechanisms, and there were plans in place to address them.

There was a clear governance structure in place, with defined roles and responsibilities. There was a full time person in charge who supervised a team of social care workers. There were a range of established monitoring systems in place in the centre, including localised medication audits, hygiene audits and fire safety checks. In most cases, these audits were effective in identifying areas for quality improvement and ensuring that pertinent information regarding the quality and safety of the service was escalated through the appropriate channels.

The provider had carried out an annual review of the quality and safety of the service and had sought the views of residents. The provider had ensured that an unannounced visit to the centre had occurred on at least a six-monthly basis, and this visit generated an action plan that contributed to quality enhancement and improvement. In the case of the most recent six-monthly audit, the method had been amended to facilitate public health guidance.

There were sufficient staff, with the appropriate skills and experience to meet the assessed needs of residents and it was found that staffing was provided as outlined in the centre's statement of purpose. The person in charge maintained an actual and planned roster that accurately reflected the staffing arrangements. There were measures in place to ensure continuity of care for residents, and it was found

that staffing arrangements were subject to change to meet residents changing needs. For example, staffing had increased at various periods to support residents to engage in activities, and shift patterns had been amended to address an emerging safety need.

Training in key areas was made available to staff, including training specific to residents' assessed needs. There was a schedule of refresher training in place, however it was found that some refresher training had not taken place within the time frame set out in the provider's own policy; for example, safe administration of medication. Records indicated that five staff members had not received refresher training in safe administration of medication in over two years which was of concern as staff had responsibility to administer medication, including some controlled medicines. At the time of inspection the provider had plans to address any outstanding training needs.

There were clear criteria for admission to the centre and these were set out in the statement of purpose. The provider had agreed in writing the terms on which residents would reside in the centre, although it was found that information regarding the fees to be paid by residents was unclear. The inspector found that in some cases, residents had multiple contracts or agreements in place that had different fees outlined in each; it was unclear from the documentation and from residents' financial records what fee they were liable to pay for the service.

There were policies and procedures in place with regard to complaints, including an accessible version of the complaints policy for residents. However, at the time of inspection the complaints procedure was not displayed in a prominent place in the centre. A review of records indicated that residents and their representatives were facilitated to make complaints, and that complaints were managed and recorded in accordance with the provider's policy.

Regulation 15: Staffing

There were sufficient staff, with the appropriate skills and experience, to meet the assessed needs of residents. There were arrangements in place to ensure continuity of care for residents. The person in charge maintained an actual and planned roster.

Judgment: Compliant

Regulation 16: Training and staff development

Training in key areas was made available to staff, including training specific to residents' assessed needs. There was a schedule of refresher training in place, however it was found that some refresher training had not taken place within the

time frame set out in the provider's own policy.

There were formal and informal arrangements in place to supervise staff. While there were performance management and development meetings being carried out, formal supervision meetings were not being held as frequently as set out in the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was found to be sufficiently resourced to ensure the effective delivery of care and support to residents. There were effective management systems in place to monitor the quality and safety of the service. The provider had carried out an annual review and six-monthly audits of the service as required by the regulations.

There were plans in place to address any deficits identified in order to ensure compliance with regulations, and while some of the providers plans had been delayed or postponed to comply with public health guidance, action plans had been updated to reflect revised implementation dates.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were clear criteria for admission to the centre and these were set out in the statement of purpose. The provider had agreed in writing the terms on which residents would reside in the centre, although it was found that information regarding the fees to be paid by residents was unclear.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that contained the information set out in Schedule 1 of the regulations, although in some cases the information was not accurate, such as resident numbers and information about the visitors policy. The floor plans of the centre did not clearly show the measurements and primary function of all rooms in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were clear policies and procedures in place with regard to complaints. There was an accessible version of the complaints policy available for residents, although this was not displayed in a prominent area of the centre.

There was a designated complaints officer. A review of records indicated that residents and their representatives were facilitated to make complaints, and that complaints were managed and recorded in accordance with the provider's policy.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge demonstrated that they had the capacity and capability to operate and manage the designated centre in a way that resulted in a good quality and person-centred service for the residents. Some improvements were required however, to ensure that fire safety measures were assessed and tested effectively, along with some improvements in residents' assessments and personal plans. While generally support arrangements in place promoted independence and autonomy, some changes were required to ensure that residents' retained control over how they received support based on their current abilities and preferences.

Residents' health, social and personal needs had been assessed on at least an annual basis. Assessments were found to be comprehensive and inclusive of residents' needs and wishes. There were personal plans in place for all identified needs that clearly outlined how residents' support needs would be met. Support plans were reviewed regularly; reviews had multidisciplinary input and facilitated the maximum contribution of the resident, although it was found that they did not assess the effectiveness of the plan.

There were appropriate arrangements in place to assess and meet residents' health care needs. Residents had access to a general practitioner and a range of allied health care professionals appropriate to their identified needs. Residents' health care needs were subject to a comprehensive annual review. It was found that changes to residents health and well being were identified in a prompt manner and that appropriate health care plans were in place to meet these needs.

There were adequate arrangements in place to protect residents from the risk of abuse. Staff had received training in safeguarding and all potential concerns were

appropriately investigated. There were measures in place to ensure that personal care was provided in accordance with residents personal plans and in a dignified manner.

While for the most part, residents were supported to retain control of their own property and finances, the inspector found that some arrangements in place to support residents to manage their finances were not in line with the providers own policy. For example, in one case a resident's bank account had an additional signatory who was a previous staff member. While a review of financial support plans found that residents abilities and preferences had been considered, it was not evident that all support arrangements had been implemented with residents consent or in accordance with their assessed needs and abilities.

The provider had systems in place to facilitate residents to receive visitors in accordance with their wishes. The provider had updated their policies and procedures to incorporate current public health guidance on a contemporaneous basis. This ensured residents could receive visitors and visit their family and friends in a safe manner. The inspector observed a resident receiving a visitor in accordance with the provider's policy.

There was a pharmacist available to residents and all prescribed medicines were available to residents. There were suitable arrangements in place with regard to the ordering, receipt, and administration of medicines. Storage and disposal arrangements had not ensured that out of date medicines were stored in a manner that segregated them from other medicines. An assessment of capacity had been undertaken for residents in relation to self-administration of medicines, however in some cases these had last been carried out over six years ago; a more recent assessment was required to ensure that residents took responsibility of their own medication in accordance with their wishes and nature of their disability.

The design and layout of the premises was suitable to meet the assessed needs of residents. In general, both premises were well maintained, although there was some outstanding upkeep and decoration issues such as some damage to internal walls, some damp patches in a utility area and a damaged front wall. One of the premises required painting and new carpet. These issues had been escalated to the appropriate responsible department, and the inspector saw evidence that there were plans in place to address them.

The provider had taken appropriate measures to ensure that residents were protected against the risk of acquiring a health care associated infection. Staff had received training in areas such as hand hygiene and infection prevention and control. Where appropriate, practices in the centre reflected standard precautions. The provider had ensured that up to date guidance was communicated to staff in the centre, and policies and procedures were updated and amended accordingly.

There were established fire safety management systems in place, including smoke detectors and alarms, emergency lighting and fire fighting equipment. Fire safety devices were routinely serviced by a suitably competent person. While there were arrangements in place to review and test fire precautions in the case of one

potential fire risk, the inspector was not satisfied that the alert system gave adequate warning of fire. In this case, laundry facilities were located in a shed at the rear garden of the property, there was a smoke alarm in the shed, however this was not connected to the premises alarm system, and the provider had not established if it was effective in alerting staff and residents to a fire in the shed.

Improvement was required in relation to containment of fire. While the provider had taken steps to aid fire containment by installing specialist fire doors, there were no arrangements in place to ensure that fire doors would close in the event of a fire. Staff had received training in fire safety and evacuation. Residents and staff had taken part in planned fire evacuation drills and there were personal evacuation plans in place for all residents.

Regulation 11: Visits

The provider had systems in place to facilitate residents to receive visitors in accordance with their wishes. The provider had updated their policies and procedures to incorporate current public health guidance.

Judgment: Compliant

Regulation 12: Personal possessions

While for the most part, residents were supported to retain control of their own property and finances, the inspector found that some arrangements in place to support residents to manage their finances were not in line with the provider's policy. It was not evident that all support arrangements had been implemented with residents consent or in accordance with their assessed needs and abilities.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout of the premises was suitable to meet the assessed needs of residents. In general, both premises were well maintained, although there was some outstanding upkeep and decoration issues. These issues had been escalated to the appropriate department for action, although plans to address them had been impacted by emergency public health guidance.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate measures had been taken to ensure that residents were protected against the risk of acquiring a health care associated infection. There was a planned and informed response to a public health emergency, and the centre was adequately resourced to implement effective control measures.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place, including smoke detectors and alarms, emergency lighting and fire fighting equipment. In the case of one potential fire risk, the inspector was not satisfied that the alert system was effective.

The inspector was not satisfied that there were adequate measures in place for the containment of fire. Staff had received training in fire safety. Residents and staff had taken part in planned fire evacuation drills and there were personal evacuation plans in place for all residents.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was a pharmacist available to residents. There were suitable arrangements in place with regard to the ordering, receipt, and administration of medicines. Storage and disposal arrangements had not ensured that out of date medicines were stored in a manner that segregated them from other medicines.

An assessment of capacity had been undertaken for residents in relation to self-administration of medication, however in some cases these had last been carried out over six years ago; a more recent assessment was required to ensure that residents took responsibility of their own medication in accordance with the wishes and nature of their disability.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents health, personal and social care needs had been assessed and there were personal plans in place for identified needs. While plans were reviewed on at least an annual basis it was found that these reviews did not assess the effectiveness of the plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were found to be comprehensively assessed and there were detailed health care plans in place. Residents had access to a range of allied health care professionals relevant to their assessed needs, such as a general practitioner, speech and language therapist and neurologist.

Judgment: Compliant

Regulation 8: Protection

There were adequate arrangements in place to protect residents from the risk of abuse. Staff had received training in safeguarding and all potential concerns were appropriately investigated.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 1 OSV-0003583

Inspection ID: MON-0026590

Date of inspection: 02/09/2020

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has scheduled all refresher training for the remainder of 2020 and early 2021. The Person in Charge has commenced formal supervision meetings with her staff steam members. Formal supervision meetings have been scheduled for all staff team members in the Designated Centre for the remainder of 2020. PIC will draft a supervision schedule for 2021 to support all staff within the teams.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All Contracts of Care will be reviewed detailing all elements of the residential support services maintenance and accommodation contribution (RSSMAC).	
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 has been reviewed and updated. Floor plan measurements have been added along with the functions of each room now outlined on the floor plans. The number of residents in the Designated Centre has been clarified on the Statement Of Purpose. The visitors' policy for the Designated Centre has been updated on the Statement Of Purpose and reflects public health guidance in relation to visiting the Designated Centre.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Accessible Complaints documents is now filed in residents HIQA information folder for residents to consider as they wish. This document is also displayed on the residents' information board in the kitchen areas of the Designated Centers outlining their complaints officer representative.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions: A request has been submitted for a review and amendment to the organisations policy on resident's finances. In the interim the local procedure in the designated centre will be updated to reflect accurately the support the residents receive from their families with their financial affairs.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Environmental enhancements have commenced in the Designated Centre and an estimated completion date is 16/10/2020 Works completed include:

1. Painting inside/outside of house.
2. New gutters
3. Downstairs bathroom renovated.

There is a plan in place to address the remaining redecoration in the Designated Centre by Feb 2021, subject to public health guidance relating to the Covid 19 Pandemic.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A review of the current fire safety measures will take place. An Additional Alarm Alert system has been be sourced for the shed at the back of the house. This system will ensure the staff and Residents are alerted if there is a fire in the shed as it is linked by a monitor in the main house and will sound an alarm if there is a fire in the shed.

The fire safety local operational procedure and fire safety risk assessment has been updated to include arrangements for the containment of a fire in the Designated Centre. A review of door closers will take place in the kitchen areas to address the need for fire doors to be closed for a fire safety issue but also providing accessibility for the residents.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The medication management local procedure has been updated to include arrangements for out of date medications to be segregated and stored separately from other medicines.

All 'self-medication assessment tools' will be reviewed annually with all residents within the Designated Centre to assess if residents have capacity to responsibility for their own medication in accordance with the wishes and nature of their disability where possible.

Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Care intervention plans to be reviewed to include an annual assessment of the effectiveness of the plan. The personal planning internal assessment tool will be updated to address the overall assessment of the effectiveness of the Residents personal plan on an annual basis.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/11/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/01/2021

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	28/02/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	28/02/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/12/2020
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/12/2020
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing,	Substantially Compliant	Yellow	01/11/2020

	storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	30/01/2021
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	01/11/2020
Regulation 34(1)(d)	The registered provider shall provide an effective complaints	Substantially Compliant	Yellow	01/11/2020

	procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/01/2021