



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

## Issued by the Chief Inspector

Name of designated centre:	Liffey 5
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 22
Type of inspection:	Short Notice Announced
Date of inspection:	24 September 2020
Centre ID:	OSV-0005645
Fieldwork ID:	MON-0023611

## About the designated centre

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

Liffey 5 is a residential designated centre made up of two houses in two different locations in a busy suburban town in Co. Dublin. One house is a seven bed-roomed house with an adjoining apartment located in a close knit community. One of these bedrooms is used as an office and one is used as a sleepover room. It is a semi-detached house with ground floor apartment attached. There is one sitting room, a kitchen/dining area, two showering and bathroom areas.

The adjoining apartment has one bedroom, a bathroom and a kitchen/dining area. There is a front and back garden both of which are accessible by the house and the apartment. The second house, is a four bedroom two storey house. This house also has a sitting room, a communal sitting room/kitchen/dining area, two bathrooms and a staff office. There is a garden area at the back of the house for the residents and their families. The staffing team consists of social care workers and care assistants. Residents also have access to multi-disciplinary services including occupational therapy, physiotherapy and speech and language therapy. One social care leader oversees the two houses.

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

Number of residents on the date of inspection:	9
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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 24 September 2020	09:30hrs to 13:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The inspector met with four of the residents who live in the centre. It was observed that residents appeared comfortable and relaxed in their home and communicated with staff using their preferred method of communication. The inspector observed two residents preparing to go out with staff, and others engaging in their personal housekeeping and enjoying meals and snacks in their home. One resident was in their family home at the time of inspection.

The inspector noted that there was additional staff in place to support residents to engage in activities of their choosing while there was reduced access to day services. Residents had access to facilities and resources in their home to engage in their preferred hobbies and interests. One premises had a large and well kept garden that residents enjoyed gardening in.

## Capacity and capability

There were governance systems in place that ensured service delivery was safe and effectively monitored. There were ongoing audits and an effective quality assurance system in place that ensured any emerging quality issues were identified and that corrective action plans were in place.

There was a clearly defined management structure in place that identified lines of authority and accountability. There was a person in charge employed in a full time capacity, who had the skills and experience necessary to carry out the role. The provider had ensured that an annual review of the quality and safety of the service had been carried out, and that residents were consulted with regard to this review. Unannounced visits to the centre had been carried out on the provider's behalf on a six-monthly basis and there were quality improvement plans in place where necessary. While there had been delays to the the implementation of some required corrective actions due to public health guidance, these plans had been amended and updated to establish new time-lines.

There were adequate staffing arrangements in place to meet residents' assessed needs, with suitably qualified and experienced staff members providing care and support. The person in charge maintained an accurate planned and actual roster. The inspector found that staffing arrangements were based on residents' needs and facilitated continuity of care.

The person in charge monitored staff training needs and ensured that all required training was made available to staff, including training in areas such as safeguarding, positive behaviour support and fire safety. The person in charge

supervised the staff team and supervision systems promoted a culture of professional development. The inspector found that staff had received additional training in areas specific to residents' assessed needs and in relation to infection prevention and control.

The provider had made an application to renew the registration of the centre; while this application included most of the information required by Schedule 2 of the regulations, it did not contain sufficient detail with regard to the description of the premises. As such, a complete application to renew the registration of the centre had not been submitted at the time of inspection.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had made an application to renew the registration of the centre that included most of the information set out in Schedule 2 of the regulations. However, the application did not contain sufficient detail with regard to the description of the premises.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

There was a person in charge employed in a full time capacity, who had the skills and experience necessary to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate staffing arrangements in place to meet residents' assessed needs. The person in charge maintained an accurate planned and actual roster.

Judgment: Compliant

#### Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. There were formalised supervision

arrangements in place, with the person in charge providing supervision to the staff team on a quarterly basis.

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 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.

Judgment: Compliant

### Quality and safety

The inspector found that good quality and safe care and support was provided to residents in a person centred manner, and that there were oversight systems in place to ensure that service quality was consistent and effectively monitored.

There was an assessment of need carried out for all residents on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents. Residents had access to a general practitioner and a wide range of allied health care services. Arrangements to meet residents' health care needs had been amended to ensure that residents could achieve best possible health during a period where access to outpatient services was restricted. The inspector reviewed residents' health care support plans and found that these provided clear guidance and were informed by an appropriately qualified health care professional.

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained and knowledgeable of local safeguarding procedures. It was found that any potential safeguarding risk was investigated and that safeguarding plans had been implemented where necessary. Safeguarding concerns were reported to the relevant statutory agency in accordance with the provider's own policy.

There were appropriate systems in place to reduce the risk of acquiring a health care associated infection. The premises was clean and there were cleaning and hygiene checklists in place. There were clear infection control protocols in place and up to date guidance in relation to COVID-19. Staff had received supplemental training with regard to infection prevention and control, including hand hygiene and

use of personal protective equipment.

The inspector visited both premises and found that in general, the premises were suitable in meeting the needs of residents, however it was found that the design and layout of the dining area in one premises did not fully meet the assessed needs of all residents. The provider's most recent annual review had identified that there was insufficient seating space for all residents to dine together. The inspector observed that due to the layout of the dining and kitchen area, it was difficult for residents to sit together and have their feeding and drinking support needs facilitated while dining safely.

For the most part, both premises were found to be in a good state of repair, however in one premises the kitchen ceiling required repair and painting. In the other premises it was found that new flooring and painting of walls was required due to wear and tear, a bathroom required renovation and some kitchen cabinet doors needed to be replaced. While there were numerous cosmetic issues that required address, the provider's quality systems had identified each issue and there were plans in place to carry out required works.

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. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

### 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. The design and layout of the dining area in one premises did not fully meet the assessed needs of all residents. The facilities of Schedule 6 of the regulations were available for residents use.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were measures in place to mitigate the risk of infection in the centre, including specific measures in relation to COVID-19. The centre was maintained in a clean and hygienic condition. There were hand washing and sanitising facilities available.



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

Judgment: Compliant

### Regulation 6: Health care

Residents' health care needs were well assessed, and appropriate health care was made available to each resident.

Judgment: Compliant

### Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse. Staff were appropriately trained, and any potential safeguarding risk was investigated and where necessary, a safeguarding plan was developed.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Liffey 5 OSV-0005645

Inspection ID: MON-0023611

Date of inspection: 24/09/2020

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Mandatory documents for re registration were submitted by registered post on 1st October 2020	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1- There is plan in place for upgrading the showers, floors, and painting in Birchview Lawns, timeline of such is in line with public health guidance. The plan will be followed when the restrictions are eased or lifted due to pandemic. 2- The seating area is being reviewed by PIC and maintenance department. 3- The daily and weekly and deep cleaning are in place.	

## 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>
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	30/10/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/12/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	30/12/2020

	are clean and suitably decorated.			
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