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 4 (Sheaf Valley)
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:	12 November 2020
Centre ID:	OSV-0005781
Fieldwork ID:	MON-0026491

About the designated centre

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

Liffey 4 (Sheaf Valley) is a designated centre operated by St. John of God Community Services Company Limited by Guarantee. The designated centre comprises two apartments and two detached community houses based in the West and South West of Dublin. The service provides residential care and support for up to 12 persons with intellectual disabilities. Each resident has their own bedroom in each residential unit that makes up the centre. Residents are supported by a staff team of social care workers and a social care leader who holds the role of the person in charge of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Thursday 12 November 2020	09:40hrs to 15:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines the inspector only visited one residential unit and carried out the inspection from one space in that house mostly.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector met the residents that were present on the day of inspection and spoke more in-depth with one resident to gather their views of the service they received, ensuring physical distancing and use of a face mask during the conversation. The resident chose themselves to wear a face covering during the conversation, demonstrating an understanding of public health guidelines and infection control and prevention.

The resident said they felt safe and happy in their home.They told the inspector how long they had lived in the house and mentioned the peers they shared the house with. They spoke about some activities they engaged in including making pottery in their day work programme. The resident discussed briefly the COVID-19 pandemic restrictions and said they had missed attending their day service and were glad to be back attending it again.

The resident said staff were very nice to them in the house and were a bit of fun they said they liked to have a bit of 'craic' with staff.

Staff were observed to speak in a nice way to residents and where shown to be patient and supportive to residents during the course of the inspection.

Capacity and capability

While overall there was good compliance found with a number of regulations reviewed on this inspection, the findings from this inspection noted the provider had made changes to the governance structure, statement of purpose and configuration of the designated centre before an application-to-vary conditions of registration, for the designated centre, had been processed by the Office of the Chief Inspector. Therefore, the provider was found to be in breach of their conditions of registration.

While it was acknowledged the provider had submitted an application-to-vary the conditions of registration for the centre, the provider had failed to ensure it had been submitted full and complete in order for it to be progressed through each

stage of notice of proposal and decision.

As a result of this breach of conditions the provider was invited to attend a warning meeting with the Office of the Chief Inspector the day after the inspection. At the meeting the provider was informed of their breach of Section 79 of the Health Act 2007 (as amended) and issued a warning letter which outlined the serious nature of their regulatory non-compliance. Subsequent to the meeting the provider reverted the footprint of the centre back to its correct configuration as per the registration certificate and committed to submitting an accurate and complete application to vary for this centre.

In addition, while the provider had notified the Office of the Chief Inspector of a new person in charge, some of the information submitted for the purposes of the registration notification, was not in a complete or correct format.

The provider's system for the purposes of submitting full and complete applications for the purposes of varying conditions of registration and information required for registration notifications, was ineffective.

The provider had appointed a person in charge for the centre. They were in a full-time role and found to meet the regulatory requirements of regulation 14 and associated sub-regulations. Staff spoken with were complementary of the newly appointed person in charge and informed the inspector they felt they could raise issues with regards to the quality of the service or operational matters at any time.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits of the the centre. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual report for the centre as required by the regulations.

The provider had ensured staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part.

Registration Regulation 8 (1)

The provider's system, for the purposes of submitting full and complete applications to vary conditions, was ineffective. The provider had failed to submit a full and complete application to vary conditions of registration prior to making governance changes and re-configuring the service provided.

Judgment: Not compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that was found to have the appropriate management experience and qualifications to meet the matters of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured staffing resources in the centre met the whole-time-equivalent staffing ratios as set out in the statement of purpose, for the most part and on a consistent basis. The provider had ensure staffing contingency measures were in place to manage any staff shortfalls due to COVID-19.

A planned and actual roster was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider was operating the designated centre outside the centre's conditions of registration.

The provider made changes to the governance, statement of purpose and configuration of the designated centre before an application to vary conditions of registration, for the designated centre, were agreed with the Chief Inspector.

The governance arrangements for the centre were not reflective of the designated centre's current conditions of registration.

The person in charge did not have appropriate oversight of each of the residential units that made up the registered footprint of the centre.

The provider had not submitted all required information, in the correct format, for the purposes of progressing a registration notification for the person in charge, at the time of inspection.

Judgment: Not compliant

Quality and safety

The purpose of this inspection was to follow up on matters relating to concerns received to the Office of the Chief Inspector by way of unsolicited information.

Initially, on receipt of the unsolicited information, the Health Information and Quality Authority issued an assurance report to the provider seeking further information and assurances. A response was received from the provider which demonstrated that appropriate action and review had taken place.

This inspection was carried out to further assure the Chief Inspector that appropriate steps and measures were being implemented to safeguard residents and ensure all aspects of the National Safeguarding Vulnerable Adults policy and procedures were implemented.

The inspector reviewed the provider and person in charges' implementation of local and National safeguarding policies and procedures in the centre. Overall, it was noted that appropriate and responsive action had been taken as a result of safeguarding allegations. Appropriate screening and review in line with National policy had taken place with evidence of stakeholders, appropriate to the nature of safeguarding allegations, being notified and engaged with. There was also evidence of ongoing review and liaison between these stakeholders throughout the safeguarding investigation process. Safeguarding plans were in place also.

In addition some further measures had taken place in order to ensure residents had appropriate supervision arrangements in place as part of an overarching safeguarding measure. Personal risk assessments were also in place to manage emerging risks identified as part of the the safeguarding investigations carried out.

Each resident had a personal plan in place which demonstrated a comprehensive assessment of need and associated support planning in place to guide staff. Personal goal planning was also in place. There was evidence of ongoing review and updating of residents' goals and planning. While it was demonstrated residents' personal planning arrangements were of a good quality, some improvement was required to ensure a comprehensive assessment was carried out for an emerging personal risk for a resident, which incorporated a multi-disciplinary allied professional approach, ascertained the risks and supports the resident required and provided comprehensive guidance and support planning for staff to implement following it's completion.

Behaviour support planning arrangements were in place to meet the assessed needs of residents. Where required, these support plans had been reviewed and updated in response to an escalation in frequency of behaviour incidents, for example. Behaviour support planning arrangements followed a positive behaviour support framework and focused on proactive strategies and de-escalation techniques to support residents and mitigate the likelihood of incidents from occurring. Residents' behaviour support needs were reviewed by appropriately qualified allied

professionals with further mental health supports available as necessary.

Where restrictive practices were required, it was demonstrated these were implemented for the purposes of managing an identified personal risk. At the time of inspection, some restrictive practices were under review with a view to making them the least restrictive arrangement while also managing personal risks. This balance of rights restriction and management of risk required ongoing review and assessment and was aligned to assessment of residents' needs in some cases. Appropriate oversight arrangements were in place for the purposes of reviewing restrictive practices however, and evident on inspection.

The provider had ensured residents were provided with a clean and comfortable home, however, some aspects of the premises required upgrading and refurbishment. The downstairs shower/toilet of the residential unit inspected, required improvement to ensure it was an aesthetically pleasing space and maintained to a good standard. The inspector noted some rust stains on the flooring of the room and small holes were also noted in the tiles on the wall.

The provider had addressed a non-compliance from the previous inspection, the risk management policy was noted to contain all matters as required by Regulation 26. There was evidence of the implementation of the policy in the centre. A risk register was maintained and additional risk assessments were also in place, including personal risk assessments and recent newly completed COVID-19 related risk assessments. It was noted risk management systems implemented in the centre supported the tracking and trending of incidents which in turn had brought about referrals to allied professionals to support residents emerging needs.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider had created a suite of COVID-19 related policies and procedures for the organisation. Personal protective equipment (PPE) was available for staff and hand washing facilities were adequate in the centre with a good supply of hand soap and alcohol hand gels in place also. Each staff member and resident had their temperature checked daily as a further precaution.

The inspector reviewed the centre's COVID-19 staffing contingency and isolation planning with the person in charge. These were of a good quality and practically described the measures that would be implemented in the event of a resident with suspected or confirmed case of COVID-19 in the centre.

Residents' healthcare needs were well met in the centre. A detailed healthcare support plan was in place for each identified healthcare need. Residents were also supported to receive an annual health check with their General Practitioner (GP) and further clinical reviews with other medical clinicians and allied health professionals. Residents were also supported to avail of and receive National Healthcare screening services aligned with their age and assessed healthcare need or requirements.

Regulation 17: Premises

The inspector reviewed aspects of the premises in the residential house visited on this inspection.

It was noted a shower/toilet facility on the ground floor of the centre required upgrading and refurbishment. For example, rust marks on the flooring were noted as were small holes in the tiles on the wall in various parts of the shower area.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had addressed the non-compliances found on the previous inspection. The risk policy met the requirements of the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured robust infection control management systems were in place from an organisational level which were in turn reflected at centre level. The person in charge had undertaken to create staffing contingency planning relating to COVID-19. In addition each resident had a centre specific COVID-19 isolation plan.

Infection control procedures in place were in line with public health guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need in place with associated support plans and additional personal goals for residents identified and monitored.

Some improvement was required to ensure a resident's emerging personal risk need, was comprehensively assessed through a multi-disciplinary allied professional approach; from which specific personal risk planning arrangements could be drawn

up, implemented and regularly monitored.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were met to a good standard. There was evidence to demonstrate residents had been supported to avail of National health screening services appropriate to their age or assessed need.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required positive behaviours support planning was in place to meet the assessed needs of residents. These plans were reviewed as required or in response to an increase in behaviours that challenge.

Where restrictive practices were implemented these were specific to identified personal risks for residents. At the time of inspection some rights restoration planning was underway in a planned manner with due regard to the personal risks the restrictions were implemented to manage.

Judgment: Compliant

Regulation 8: Protection

It was noted where required the provider had followed local and National Safeguarding policies and procedures on foot of allegations of a safeguarding nature. Safeguarding plans were in place and had been drawn up in liaison with local safeguarding office.

Where required, it was noted the provider had made arrangements to notify all other appropriate stakeholders on foot of allegations of a safeguarding nature. The provider had also taken appropriate measures to ensure residents were provided with appropriate supervision arrangements to manage safeguarding personal risks.

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 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 4 (Sheaf Valley) OSV-0005781

Inspection ID: MON-0026491

Date of inspection: 12/11/2020

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 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): A full and complete application to vary the Designated Centre was resubmitted on Monday 16th November 2020. Until we are informed that this application has been accepted, the three locations will remain in Liffey 4 under the governance of the new PIC.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There is a comprehensive governance plan in place for the interim period until the application to vary has been accepted; this is to ensure the best support possible is provided to all residents. The Person in Charge will oversee the full Designated Centre. All documents associated with notification and registration of the designated centre will be overseen and approved by the Directors office on behalf of the Provider, prior to submission. This is to ensure that all applications are completed in full, are accurate and have all supporting documentation prior to submission.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All premises issues have previously been escalated to the maintenance team and are on the list for completion. Due to national guidance and increased levels of restrictions in relation to Covid 19 there has been a delay in getting works completed. When contractors are available and can be permitted access all work will be completed in line with the schedule.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A request for more comprehensive assessments in relation to one residents emerging personal risk has been submitted to the psychology team. These assessments will be completed by the Multi Disciplinary Team and will be considered as we risk assess how the resident can be best supported.	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	16/11/2020
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	30/04/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	16/11/2020

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/03/2021