



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

## Issued by the Chief Inspector

Name of designated centre:	Liffey 6
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:	07 July 2020
Centre ID:	OSV-0003921
Fieldwork ID:	MON-0023572

## About the designated centre

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

South Clondalkin is a designated centre operate by St. John of God Community Services Limited by Guarantee. It provides community residential services to up to nine male and female residents over the age of 18 with a intellectual disability. The designated centre comprises of two units located in two housing estates in Co, Dublin. One house is a semi detached bungalow which consists of four bedrooms available to residents, a staff sleepover room, a sitting room, a kitchen/dining area, accessible showering and bathing areas, an office and an utility area. The other house is a two storey detached house which consists of kitchen, living/dining room, an office, staff sleep over room and five bedrooms available to residents. Four of the bedrooms are located upstairs and one bedroom is located on the ground floor which has an ensuite. There are separate showering areas off the kitchen and upstairs. All residents have access to multi-disciplinary team including social workers, physiotherapists, occupational therapists, speech and language therapy and psychology. Residents are supported by a team of social care workers and a social care leader. There is a service vehicle available for the transport of residents and the location is also serviced well by public transport to shops, restaurants and social activities.

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

Number of residents on the date of inspection:	7
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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
Tuesday 7 July 2020	11:00hrs to 17:20hrs	Amy McGrath	Lead
Tuesday 7 July 2020	11:00hrs to 17:20hrs	Conan O'Hara	Support

## What residents told us and what inspectors observed

There are two houses in the centre and inspectors visited both. Residents in one of the houses were away on holidays while repairs were being made to heating in the house. Inspectors spoke with two residents in the other house and they told the inspectors that they were happy in their home.

Inspectors observed the living environment in both houses and found that in one house, residents had a warm homely living environment. However, inspectors found that the other house had a very poor living environment and was not fit for accommodating residents. Structural deficits had been identified on previous inspections and in addition to that, inspectors observed poor standards of hygiene and cleanliness in the centre with a failure to undertake day to day maintenance, repairs and upkeep of the premises. This is discussed further in the body of the report.

Because of the level of concern in relation to one of the houses, the inspection report focuses on the findings in relation to that house.

## Capacity and capability

This risk based inspection was carried out following receipt of information that indicated the provider had not implemented the actions to improve the safety and quality of life for residents following the previous inspection.

Inspectors were not satisfied that there was adequate or effective oversight in one of the houses in the centre. Inspectors saw evidence from previous inspection reports and from the provider's own audits that the provider was aware that the premises was in a poor state of repair and that it did not meet the needs of residents. While the provider had previously submitted improvement plans to the chief inspector, including after the previous inspection in January 2019, on this inspection inspectors found that the planned actions had not been implemented. Furthermore it was found that the overall condition of the house had deteriorated since the previous inspection.

The provider had not implemented all of the actions required in relation to infection prevention and control since the previous inspection. While the provider had made soap available in bathrooms, they had failed to treat and remove mould growing in the centre or address peeling kitchen cabinets, damaged paint work and damaged flooring , all of which make effective hygiene difficult and increase the risk of

infection. These issues restricted the capacity to effectively implement public health guidance in relation to infection prevention and control during the COVID-19 pandemic. This was further exacerbated by the lack of hot running water in bathrooms, which had been an issue since November 2019; this issue was being investigated by contractors on the day of inspection.

Furthermore, the person in charge did not meet her legal responsibility to notify the chief inspector of loss of heating or loss of water in the centre; notice of such incidents is required to be submitted within three working days of occurrence.

Inspectors also reviewed staffing arrangements and found that they were appropriate to the needs of residents and that staff were appropriately supervised and their training was kept up to date.

### Regulation 15: Staffing

The person in charge maintained a planned and actual roster for the designated centre. Staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. Records reviewed showed that staff were provided with training in areas such as fire safety, safeguarding and safe administration of medication.

Judgment: Compliant

### Regulation 23: Governance and management

The provider failed to demonstrate they had the capacity and capability to take appropriate action to address the areas of non-compliance. They had failed to implement their own action plans to improve the safety and quality of life for residents submitted to the chief inspector following previous inspections.

The provider's own auditing reports had highlighted significant issues with the suitability and upkeep of the premises and they had not taken action to address this.

Inspectors saw documentation of concerns by the person in charge to the provider about the condition of the premises that residents were expected to live in; the provider's response did not address the issues raised.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The centre's Statement of Purpose did not accurately contain all of the information as required by Schedule 1 of the regulations. For example, the number of residents to be accommodated was incorrect.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

While the person in charge maintained a record of adverse incidents in the centre, not all incidents were notified as required by the regulations; specifically loss of heating and water.

Judgment: Not compliant

## Quality and safety

Overall the inspectors found significant issues in relation to the premises and protection against infection in one house in the centre, that negatively impacted on the safety and quality of life of residents. Residents were not in receipt of a safe and high quality service that adequately met their care and support needs and significant improvements were required to ensure that good quality care was provided to residents in a safe and comfortable environment.

The inspectors carried out a walk through of the two houses during the day of the inspection. Overall, it was found that one of the houses was generally well maintained and decorated in a homely manner. While there were some minor outstanding maintenance issues, these had been escalated to the responsible department and records indicated that previous concerns had been addressed in a timely manner.

However, during the walk through of the other house, inspectors found that the provider had not implemented the actions to improve the premises that they committed to following the previous inspection. Additionally, the condition of the premises had deteriorated further since the previous inspection. For example, the inspection in January 2019 found that there was mould present in one bedroom; on this inspection mould was found in multiple areas throughout the centre. Inspectors saw mould in one of the bedrooms, mould spots were found on a resident's pillow and bedding, there was substantial amounts of mould on the walls, ceilings and door frames of a hallway and utility area, and on the ceiling of a bathroom.

In addition, there were numerous maintenance and repair issues that remained outstanding since the previous inspection, including areas of peeling paint and wallpaper and areas of scratched and broken flooring. The inspectors observed broken blinds in three rooms, large areas of plaster and concrete damage on walls, exposed fixtures such as recessed ceiling lights that were loose with visible wires and broken coving. There was obvious rust on piping in one bathroom and the toilet seat was missing. The inspectors also observed that the laminate of kitchen presses was peeling or had been removed, and that worktops were considerably damaged. All of these issues made effective cleaning and hygiene very difficult and increased the risk of infection in the house.

Inspectors found that there had been a substantial loss of heating in the premises. Inspectors saw records which stated that the heating loss was reported to the maintenance department and escalated to senior management in November 2019. While temporary heating arrangements had been put in place, it was not effective and records stated that a resident was required to wear multiple layers of clothing to bed during the winter months.

In addition, residents had limited access to hot water in hand wash basins in the bathrooms or in the level access shower and maintenance records noted that this had been the situation since November 2019. It was noted that the only sink which had consistent hot running water in the house was the kitchen sink.

Because of the hot water issue, two residents had been using another resident's ensuite shower facility for a number of months; the provider could not evidence that this practice had ceased at the onset of a public health emergency.

Inspectors found that the lighting in the ensuite was inadequate and were informed that this had been reported to the maintenance department and had yet to be resolved. Inspectors saw brightly coloured tape attached to the facilities in the bathroom, such as support rails. Inspectors were informed that this was initially installed to help a resident identify the facilities, and had not been removed despite the person no longer residing in the centre. Inspectors noted that with the door of the bathroom closed, the lighting was insufficient to clearly see fixtures that were not wrapped in tape or brightly coloured.

It was found that the use of tape represented a risk to the effective cleaning and disinfecting of the toilet and washing facilities and presented a significant infection control risk. Following the objection of a resident to sharing their ensuite, the two



other residents were asked to use an upstairs bathroom. Inspectors saw an occupational therapy assessment which stated that the upstairs bathroom was not suitable to meet residents' needs and presented as a risk to residents safety.

There were contractors on site on the day of inspection investigating the plumbing and heating issue.

While there were safeguarding arrangements in place to identify and respond to potential safeguarding concerns for individual residents, inspectors found that the provider was failing to provide residents with a safe and comfortable home, and that failure may constitute neglect. On that basis, immediately following the inspection, inspectors made a referral to the National Safeguarding Office.

Inspectors found that residents' rights were not adequately protected and promoted in this house. There was no evidence that residents or their representatives were consulted about the long term plans for the centre. Residents had not been facilitated to access independent advocacy services or third party bodies to aid them in advocating for their own welfare and interests.

### Regulation 17: Premises

One of the houses in the centre was not appropriate to accommodate residents. Areas of concern included;

- The design and layout of the premises did not promote residents' safety, dignity and independence.
- The premises was not in a good state of repair and works required to resolve safety and maintenance issues had not been carried out, despite the provider being aware of the substandard living conditions.
- Shower facilities of a sufficient number and standard to meet residents' needs were not available in the house.
- Equipment and facilities in the centre were found not to be appropriately maintained and repaired where necessary.
- The provider had failed to provide suitable heating, ventilation and lighting in all parts of the centre in use by residents.

Judgment: Not compliant

### Regulation 27: Protection against infection

Inspectors found that care was not being provided in a clean and safe environment that minimised the risk of transmitting healthcare-associated infections. The house was in a poor state of repair which made effective cleaning and hygiene very difficult. These issues included damaged kitchen surfaces, inadequate bathroom

facilities and lack of running hot water in bathroom hand-wash basins. In addition, the provider had not addressed a mould issue which resulted in mould being present in multiple areas of the centre, including on a resident's bedding and pillow. These issues significantly reduced the effectiveness of infection control measures and the implementation of public health measures. This was particularly concerning given the public health emergency and the risk of COVID-19 infection.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were established fire safety arrangements in place, with regular servicing of detection and warning systems and fire fighting equipment. Staff had received training in fire safety. The provider had not conducted a night time fire drill in the previous twelve months, in accordance with their own fire policy, however the inspectors noted that one had been scheduled for two months after the inspection. Inspectors noted that there were fire doors in the centre but the closing mechanism on one was broken.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of residents' individual personal plans and found that they were to a good standard overall, but some had not been reviewed at least annually to ensure that the guidance to staff on the support needs of residents was accurate and up to date.

Judgment: Substantially compliant

### Regulation 8: Protection

Inspectors reviewed safeguarding plans for residents and found that there were arrangements to protect residents from the risk of abuse. However, inspectors found that the provider had not ensured a safe and comfortable environment for residents in one house. The provider had not responded to requirements for upkeep and repair in the house and it was a very poor living environment. This could constitute

neglect of residents and may be a form of institutional abuse. Following the inspection, inspectors made a referral to the National Safeguarding Office in relation to this.

Judgment: Not compliant

### Regulation 9: Residents' rights

Inspectors found that residents had limited opportunities to participate in decision making or consultation with regard to the running of the centre. Residents had not been consulted with regarding the long term plans for the centre, despite implications for their living arrangements.

Judgment: Not 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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Liffey 6 OSV-0003921

Inspection ID: MON-0023572

Date of inspection: 07/07/2020

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Extensive works have commenced to upgrade and address the outstanding issues within the house e.g. painting, bathrooms, hot water, heating, kitchen cabinets and worktop. These works are due to be completed by Aug 17th 2020.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Person in Charge has amended the Statement of Purpose to reflect the accurate number of residents.</p> <p>The re-registration documents have been amended and accepted to the registration department in the Authority.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>At this time there was not full loss of water or heat throughout the house. Both were at reduced capacity. Going forward the Person In Charge will ensure if there is reduced capacity in relation to the above that this is notified to HIQA in a timely manner.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Extensive works have commenced to upgrade and address the outstanding issues within the house e.g. painting, bathrooms, hot water, heating, kitchen cabinets and worktop. These works are due to be completed by Aug 17th 2020.</p>	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All Infection prevention guidelines and Covid-19 contingency plan have been in place before and during the Covid 19 pandemic. There have been updated checklists and enhanced cleaning schedules implemented since Covid 19 and these are audited regularly by the Person In Charge.</p> <p>The infection control issue with the kitchen countertop and bathroom will be rectified by 17th August 2020.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A night time fire drill will be arranged and completed once the residents return home after the works have been carried out in their home. The PIC has scheduled a date for this and staff will be made aware.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will audit the residents personal plans and all out of date documents will be reviewed by the PIC/keyworker and updated in a timely manner.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Extensive works have commenced to upgrade and address the outstanding issues within the house. Once complete the premises will provide a more comfortable home for the residents. The PIC has always notified HIQA and the Safeguarding team of any other areas of concern.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>There is accessible information about independent advocacy services available to the residents in the house. Residents meetings take place regularly within the Designated Centre but the team will discuss the advocacy information with the residents again. This will be a regular agenda item at their meetings going forward.</p> <p>The PIC will also discuss same at the next staff team meeting.</p> <p>Once the confirmed and time bound plan for the future of the property is presented, the residents and their representatives will be consulted and their wishes supported.</p>	

## 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 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.	Not Compliant	Red	17/08/2020
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.	Not Compliant	Orange	17/08/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	17/08/2020
Regulation 17(4)	The registered provider shall ensure that such	Not Compliant	Orange	17/08/2020



	equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	17/08/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	17/08/2020
Regulation 23(1)(a)	The registered provider shall	Not Compliant	Orange	17/08/2020

	ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	17/08/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	17/08/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/08/2020

	containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2020
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	17/08/2020
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.	Not Compliant	Orange	05/08/2020
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	Substantially Compliant	Yellow	14/09/2020

	as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	05/08/2020
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	14/09/2020
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Not Compliant	Orange	14/09/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the	Not Compliant	Orange	14/09/2020

	designated centre.			
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