



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

Issued by the Chief Inspector

Name of designated centre:	Liffeyvale Farmleigh Respite Service
Name of provider:	Health Service Executive
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	09 December 2024
Centre ID:	OSV-0003375
Fieldwork ID:	MON-0036841

About the designated centre

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

This designated centre provides specialist respite care for 60 children with autism both male and female on a rotational basis. The maximum number of children accommodated for a respite break at the same time is nine. The centre consists of two houses both of which are in Co. Dublin area and close to a variety of local amenities and public transport links. The first house consists of five single bedrooms with four ensuite bathrooms, a staff office, a kitchen, dining area, two sitting rooms and a playroom room. The second house has four bedrooms one of which is ensuite, two bathrooms, a kitchen come dining room, sitting room, playroom and multisensory room. Children are supported by a staffing team 24 hours a day seven day a week and the team comprises of a person in charge, clinical nurse managers, staff nurses, health care assistants and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 9 December 2024	08:50hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what young people told the inspector and based on what they observed, they were supported to enjoy a good quality of care in this centre. This inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. The findings were positive, with all of the regulations reviewed found to be compliant during the inspection.

Liffeyvale Farmleigh is a designated centre in Co. Dublin comprising of two houses. It has nine registered beds and respite care is provided for children and adolescents with autism and an intellectual disability. The centre has capacity to support up to 60 young people to attend respite on a rotational basis. At the time of the inspection, there were five young people availing of respite. Four young people were availing of overnight respite and one young person was completing an evening visit as part of their transition to the centre.

The first house is a dormer bungalow, with five resident bedrooms, four of which have an en suite shower and toilet, and one which has an en-suite bathroom. There is also a staff office with en-suite facilities, a downstairs bathroom, a large kitchen with a dining area, two sitting rooms, and an activity room. At the back of the property, there is a self-contained back garden with a soft play area, and swings and other other equipment such as bicycles and tractors. At the front of the property there is an area with grass and trees and space for parking.

The second house has four resident bedrooms, two bathrooms, a staff office, a multi-sensory room, an activity room, a sitting room, and a kitchen. Outside there is a small self-contained back garden with a soft play area and swings. At the front of the property there is a well-maintained driveway with parking spaces.

There is a vehicle available in each of the houses to support young people to engage in their preferred activities after school and at the weekends. Two new vehicles had just been purchased for the centre, one was delivered and the other was due to be delivered just after the inspection.

In both houses are televisions, a computer, gaming systems, board games, and arts and crafts supplies available for young peoples' use. Young people choose which bedroom they wish to use for each respite stay. There is storage available to store their personal belongings in each bedroom.

The inspector of social services had an opportunity to meet the five young people using respite on their return from school. They also had the opportunity to meet and speak with the person in charge, clinical nurse manager 2, the assistant director of nursing, and four staff (two of whom were regular agency staff).

The young people had a variety of communication support needs and used speech,

vocalisations, gestures, facial expressions and body language to communicate. Some young people told the inspector what it was like to use respite services, and the inspector used observations, discussions with staff and a review of documentation to capture the experience of other young people.

The inspector observed that there was a warm, friendly and welcoming atmosphere in each of the houses. They had an opportunity to be introduced to each of the young people and three young people chose to tell them about their experience of using respite. They each indicated they were happy and felt safe while in respite. They said the staff were good to them and that they enjoyed taking part in activities such as drives and shopping with staff.

One young person was watching a movie when the inspector visited. They appeared very content and comfortable and were later observed helping themselves to a drink and snack in the kitchen. Two young people were using the computer and another young person was getting ready to go out for a drive with staff. They each appeared very comfortable in the centre and in the presence of staff.

Residents' rights were regularly discussed with them through resident and key worker meetings. There was information available on the availability of advocacy and the local patient engagement officer. The complaints procedure was available and on display in an easy-to-read format in both houses.

Four young people completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. In these questionnaires young people and their representatives indicated they were happy with the houses, access to activities, and their opportunities to have their say. Examples of comments in their questionnaires included, "I have good friends there", "I have made new friends with the other children", "I really enjoy my respite". Questionnaires were complimentary towards staff supports with comments including, "very well run, have total confidence in managers", "they are a great support", and "... really likes staff..particularly ... and ... and goes running in". One questionnaire indicated that a resident enjoys respite and looks for additional nights, and another questionnaire indicated the young person would benefit from a daily bus trip when in respite.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. The 2023 annual review included high levels of satisfaction with comments made in the annual service satisfaction survey such as, "couldn't be happier with respite", "taught so much independence", and "staff are stars". A response letter was sent back to families with the results of the survey and an action plan to address any concerns raised.

In summary, young people were reported to enjoy their respite stays. They had access to in-house activities and there was transport to support them to access activities in their community. The staff team told the inspector they were motivated to ensure that each young person was happy and safe and taking part in activities they found meaningful. The provider was completing audits and reviews and

identifying areas of good practice and areas where improvements may be required.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that young people were in receipt of a good quality of care and support while availing of respite. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were implementing action plans to bring about the required improvements. There was one outstanding action at the time of the inspection and this related to planned works in one of the houses. This included painting and works in the kitchen and was due to be completed in early 2025.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge reported to and received support from an assistant director of nursing. They were supported in their role by a clinical nurse manager 2 (CNM). Residents and staff were very complimentary towards the person in charge and local management team. Staff also spoke about the provider's on-call arrangements.

There were five whole-time equivalent (WTE) vacancies at the time of the inspection and this was not found to be impacting on continuity of care and support for residents as the same regular agency staff were completing the required shifts. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, annual performance reviews, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information submitted in relation to the person in charge. This demonstrated that the person in charge for the centre had the qualifications, skills and experience to fulfill the role. They had effective systems in place to ensure good oversight and monitoring in the centre.

They were working full-time and supported by a CNM2 which was ensuring a

management presence in both houses each week.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role. A sample of three staff files were reviewed in one of the provider's offices prior to the inspection and were found to contain the information required by the regulations.

As previously mentioned, there were five whole time equivalent staff vacancies at the time of the inspection. The provider was actively recruiting to fill these vacant posts which included a CNM1, two health care assistants and two multi-task attendants. The inspector reviewed a recruitment tracker which showed the interviews held and rolling campaigns to recruit staff.

The inspector reviewed 13 weeks of rosters for the two houses in the designated centre from September to November 2024 and found that these were well maintained. Staffing vacancies were not found to be impacting on continuity of care and support for young people using respite. The same four agency staff were covering the required shifts across the two houses.

Through discussions with four staff, the inspector found that the staff team were motivated to ensure young person were happy, safe and engaging in activities they enjoyed. They were very complimentary towards the supports in place from other members of the team, and from the management team.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and a sample of 50 certificates of training for staff. The inspector also reviewed the provider's policy and found that each staff had completed training listed as mandatory in this policy including, fire safety, safeguarding, manual handling, infection prevention and control (IPC), safe administration of medicines, complaints and food safety training. Staff had also completed training in line with young people's assessed needs such as epilepsy and autism awareness training.

Six staff had completed training on applying a human rights-based approach in health and social care, and three staff had completed training related to The Assisted Decision Making (Capacity) Act, 2015. The inspector spoke to two staff

about the impact of these trainings. They named the FREDA principles of fairness, respect, equality, dignity and autonomy, and all spoke about implementing these principles into their day-to-day practice. They spoke about the importance of supporting young people to make choices and decisions and encouraging their independence. They described the importance of person-centred care and supports and made comments such as, "we are all equal", and "we all have the same rights".

The inspector reviewed the staff supervision schedule and a sample of supervision records for six staff. The agendas were found to be focused on staff's roles and responsibilities, training, policies procedures and guidelines, key working, team meetings, and staff's strengths and areas for development.

Each staff member who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or young people's care and support in the centre.

The inspector reviewed the minutes of eight staff meetings held in 2024. These meetings were well attended and the agendas were varied. Action plans were developed which identified who was responsible for these and the dates for completion of actions.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were available for review by the inspector during the inspection. Throughout the inspection the records reviewed were found to be well maintained, accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was described by staff during the inspection. Staff were aware of their roles and responsibilities and described the lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the experience of young people using respite. They were focused on the quality and safety of care and support provided for young people, areas of good practice and areas where improvements may be required. As previously mentioned, the majority of actions were completed and the remaining action relating to the premises was due to be completed in early 2025.

The inspector reviewed the minutes of respite and local management team meetings. In the sample of four management meetings reviewed there were a variety of agenda items and time bound action plans. The person in charge was completing monthly audits in areas such as, child protection and safeguarding, incidents and accidents, risk, staff training, medicines management, personal plans, actions from audits, and young person/family input. They were also completing a quarterly review of incidents which had a summary of events and the actions taken. Incident reviews were discussed at staff meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and it contained the required information. It was available in both houses and had been updated in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector carried out a review of the records and reports of incidents in the centre and found that, where required, notifications were submitted to the Chief Inspector within the time frames specified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that young people had opportunities to take part in activities and to enjoy their respite breaks. They were making decisions about how they wished to spend their time, and supported to develop and maintain friendships and relationships with the important people in their lives.

The inspector reviewed young people's person-centred plans and found that documentation positively described their needs, likes, dislikes and preferences. They contained the pertinent information to guide staff to support them during their respite stay.

Young people, staff and visitors were protected by the fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and young people were supported to become aware of fire safety procedures.

Young people were also protected by the child protection and safeguarding policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required. The rights of young people were promoted and upheld in a number of areas across the centre, and these are discussed further under Regulation 9: Residents' Rights.

Regulation 17: Premises

The inspector completed a walk around the two premises with the person in charge or CNM2 during the inspection. The houses were each found to be clean, homely and well maintained.

The provider had ensured that the premises was designed and laid out to specifically meet the needs of the young. Each area of the premises and garden were fully accessible to young people availing of respite. There were games or activity rooms and play equipment available indoors and outdoors.

Each young person got to choose their own bedroom and had storage for their personal items. There were communal areas in each of the houses and young people were observed to choose to spend time in their favourite spaces in the company of staff throughout the inspection.

Significant work had been completed in one of the houses since the last inspection including the installation of new floors and a new kitchen, the refurbishment of a number of bathrooms, painting throughout and a number of pieces of furniture had

been replaced. Painting and works in the kitchen were planned in the other house in early 2025.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available in both houses and reviewed during the inspection. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

There were policies and procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place and staff had attended appropriate training and those who spoke with the inspector were knowledgeable about infection control arrangements. Risk assessments were developed and reviewed as required including general and resident specific IPC risk assessments.

The provider had supported a number of staff to attend additional IPC training and they had an enhanced role in relation to auditing and reviewing IPC practices in the centre. They were competing audits and the focus of these changed monthly. For example for the sample of audits reviewed for 2024 areas covered included the environment, laundry management, waste and sharps, the management of equipment and hand hygiene. The inspector found that the actions from these audits were bringing about improvements in relation to the environment and staff practices. For example, the audits had identified that some surfaces and furniture was difficult to clean due to damaged surfaces and this had resulted in the installation of a new kitchen, new white goods, the replacement of a number of floors, painting in a number of areas, and some furniture had being replaced.

The provider had taken proactive steps in relation to the possible spread of an infection in the centre. They had completed a number of follow ups and their policies, procedures and practices were successful in preventing the spread of this infection. At the time of the inspection, they were being considered for an excellence award for their management of the situation.

Judgment: Compliant

Regulation 28: Fire precautions

Each young person had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. There were social stories available for young people on fire safety and evacuation procedures. The inspector observed emergency evacuation procedures on display in each of the houses.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2024.

The fire alarm was regularly activated and checked, and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for 2024 and found that they had all been serviced and maintained in line with regulatory requirements.

There had been monthly fire drills in 2024. The inspector reviewed these and found that they were completed at specific times when the most residents and least staff were present. Staff had completed fire safety training and four staff who spoke with the inspector were aware of the fire safety procedures in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector viewed a sample of seven residents' care and support plans. They found that each young person had an assessment of need and support plans in place. They had plans for areas such as, communication, health care, their circle of support, diet and nutrition, fire safety, personal and intimate care, and emotional support needs. Where necessary, plans included input from health and social care professionals such as psychology, speech and language therapy and a behaviour therapist.

Prior to admission, staff contacted young people's representatives to discuss any changes that may have occurred for them since the last inspection. Areas such as specific care plans, incidents and accidents, sleep hygiene, food and nutrition, and IPC are discussed. Young people's individual education plans were also sought from the school.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that young people who require it had had access to a behaviour therapist, with some young people having psychology input. The inspectors viewed two behaviour support plans and found that the plans had proactive and reactive behaviour support strategies in place.

There were a number of restrictive practices in use in the centre related to health and safety such as locked doors, at times, when food preparation was occurring. There was a restrictive practice log in place in each house which was reviewed for 2024. This had been audited by the person in charge monthly. Restrictive practices were reviewed regularly by the provider's human rights committee to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed child protection and adult safeguarding and protection training. The inspector spoke with the person in charge, CNM2 and four staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had child protection and safeguarding policies which was available and reviewed in the centre. There was a child safeguarding statement in place and four detailed risk assessments were developed in line with risks identified in it. There was an easy-to-read child protection policy and child safeguarding statement available for children and young people in the houses.

Safeguarding plans were developed and reviewed as required. Each young person had an intimate care plan in their personal plan folder. Child protection and welfare was a regular agenda item on the sample of eight residents' meetings reviewed during the inspection. There were risk assessments developed in relation to areas such as, Internet safety, visitors, and resident compatibility.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that every effort was being made by the local management team to promote a human-rights based approach to care and support in this centre. Restrictive practices were regularly reviewed and there had been a number of

restrictive practices reduced or removed since the last inspection. Staff had completed human rights training and spoke about the positive impact of this on their day-to-day practice. Managers reported staff were working hard to ensure young people were choosing where and how they spent their time, making decisions about their day-to-day lives, and working to encourage their independence. It was evident that residents' right to privacy was respected. Staff were observed to knock on doors before entering rooms.

Residents' right to access information was facilitated through the provision of easy-to-read information, and in residents' meetings. There was information available on advocacy and the patient safety engagement officer. Discussions at the sample of eight residents' meetings reviewed included areas such as, activity options, safety, staffing, and menu planning.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant