Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Liffey 1
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0003583
Fieldwork ID:	MON-0036353

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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 (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 3 September 2024	09:05hrs to 16:55hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge. The inspector used observations and conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential service aims to "support residents to live as independently as they can and to enable them to plan for and achieve their goals they set in their lives". The inspector found that this was a service that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

This designated centre consists of two homes in Co. Dublin, which are within a short driving distance of each other. Both homes were visited by the inspector during the course of the inspection. The designated centre is registered to accommodate ten residents. There were five residents living in one home and four residents living in the other. There was one vacancy at the time of inspection. On the day of the inspection, the inspector had the opportunity to meet with five of the residents.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre. The inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, trips and events and food. Positive comments made by residents included "I love all the staff", "I have three best friends in my home" and "I like burgers, curry and a fry". Other comments made by residents included "I would like to go on more holidays" and "I don't like when people I live with are noisy".

The inspector did not have an opportunity to meet with the relatives of any of the residents; however, a review of the provider's annual review of the quality and safety of care evidenced that they were happy with the care and support that the residents received.

The inspector carried out a walk around of each home in the presence of the person in charge. Each premises was observed to be clean and tidy and was decorated with residents' personal items such as family photographs, artwork and pictures of

residents engaging in activities such as holidays and day trips out together. Residents' bedrooms were laid out in a way that was personal to them and included items that were of interest to them. The inspector observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in each home. In addition, the person in charge ensured that the centre's certificate of registration and complaints information was also on display.

Each home had adequate private and communal space for residents to use, accessible garden spaces and a sufficient number of showering facilities. Since the previous inspection the provider had secured funding for the renovation of all bathrooms, including the en suite in one home and works were scheduled to commence in early January 2025. The inspector observed that residents could access and use available spaces both within each home and garden without restrictions. There was adequate suitable storage facilities for residents to securely store personal belongings and each home was found to be in good structural and decorative condition.

Each home had its own dedicated transport which was used by staff to drive residents to various activities and outings. For example, residents were supported to attend evening courses at the local college, swimming and use local facilities including shops and restaurants.

The person in charge spoke about the high standard of care all residents received and had no concerns in relation to the wellbeing of any of the residents living in the centre. They described the service as "person centred" and spoke about how residents were supported to attend their day activation programmes or participate in a variety of community-based activities. Observations carried out by the inspector, interactions with residents, feedback from staff and documentation reviewed provided suitable evidence to support this.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including safe administration of medicines and feeding, eating, drinking and swallowing (FEDS). The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre.

Staff had completed training in human rights and the inspector observed this in practice on the day of the inspection. For example, the inspector observed one resident engaging in an individualised service, which enabled them to choose their own routine and participate in activities of their own choosing in line with their likes and interests.

Residents in the centre presented with a variety of communication support needs. While some residents chose not to engage with the inspector, other residents were supported by staff to communicate and interact with the inspector over the course of the inspection. One resident spoke to the inspector about the activities they had done that day, which included going swimming in a local pool and a trip to a local

park to feed the ducks. Staff supported and encouraged the resident to participate in independent living skills. For example, the inspector observed the resident being supported by staff to make their own cup of tea and to put their swimming costume and towel in the utility room for washing. Warm interactions between residents and staff members caring for them was observed throughout the duration of the inspection. There was an atmosphere of friendliness in the centre and staff were observed to interact with the residents in a respectful and supportive manner.

Other residents chose to sit with the inspector at the kitchen table upon their return from day service. Although residents did not communicate with the inspector verbally, they appeared at ease in the presence of staff and the inspector observed they were content and had built a good rapport with one another.

The inspector also had the opportunity to speak with another resident who was relaxing in their bedroom listening to music. They told the inspector they were happy and felt safe in their home. The inspector observed warm and kind interactions between the resident and staff members on duty and staff members were attentive and responded quickly to the needs of the resident. For example, the resident requested a cup of tea and a snack, both of which was brought promptly to the resident for them to enjoy in the comfort of their bedroom.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report 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 delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their assessed needs.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents

using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, vehicles were available in each home visited by the inspector for residents to access their wider community.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, following review the inspector observed that six policies had exceeded their three years review time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application.

In addition, the provider had ensured that the fee to accompany the renewal of registration of the designated centre under section 48 of the Health Act 2007 was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of each premises.

The staff team comprised of the person in charge and social care workers. There were two staff on duty during the day in each home, and two staff at night-time, one sleepover and one in a waking capacity.

The person in charge maintained a planned and actual staff roster. The inspector reviewed the planned and actual roster for the month of August and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, the roster reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector spoke to three staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. The inspector reviewed the staff training matrix and found that all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as human rights, infection, prevention and control (IPC), epilepsy and safe administration of medication.

All staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge. The person in charge had developed a schedule of supervision for 2024 for all staff members.

The inspector reviewed three staff members supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by a residential coordinator and programme manager. They had a

comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. Positive feedback from residents included "I joined two new social clubs", "started swimming again" and "graduated from college". Feedback from residents' family members included "very happy with the support and care family member receives" and "would like Liffey 1 staff to continue supporting family member with medical needs, particularly mental health".

The provider and local management team carried out a suite of audits, including comprehensive unannounced visit reports and audits on health and safety, fire safety and medication management. All audits identified actions, which were recorded as part of an overall Quality Enhancement Plan (QEP). The inspector reviewed the QEP and found the majority of actions were complete or in progress and all actions were being used to drive continuous service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of both premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a stakeholder feedback and complaints policy in place. In addition, staff spoken with demonstrated they had the appropriate skills and resources to deal with a complaint and had a full understanding of the

complaints policy.

On the day of the inspection, there was one open complaint. The inspector reviewed the complaints log, which was maintained by the person in charge and found that complaints were followed up, resolved and managed in a timely manner, as per the provider policy.

The inspector found there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. For example, residents participated in the provider led Voices Committee, which met once per month and provided residents with the opportunity to bring forward any issues or concerns they had for discussion or action.

In addition, feedback was sought from residents through monthly key working meetings and their families and representatives through the provider's annual quality and care report.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5.

However, the inspector reviewed all policies and found the following polices had exceeded their three years review time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Admissions, including transfers, discharge and the temporary absence of residents
- Residents' personal property, personal finances and possessions
- Communication with residents
- Recruitment, selection and Garda vetting of staff
- Staff training and development
- The creation of, access to, retention of, maintenance of and destruction of records.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for the

residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The inspector found the atmosphere in each home to be warm and relaxed, and residents appeared to be very happy living in the centre and with the support they received. The inspector completed a walk around of each home within the designated centre and found the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The provider ensured that each premises, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their individual taste and preferences.

There were arrangements in place that ensured residents were provided with adequate nutritious and wholesome food that was consistent with their dietary requirements and preferences. Residents were encouraged to eat a varied diet, and equally their choices regarding food and nutrition were respected. Residents were supported by a coordinated multidisciplinary team, such as medical, speech and language therapy, dietitian and occupational therapy. During the inspection staff were observed to adhere to advice and expert opinion of specialist services.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires in each home within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. The inspector found that

appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of designated safeguarding officers within the organisation.

Regulation 17: Premises

The inspector found the atmosphere in each home to be warm and calm, and residents met with appeared to be very happy living in the centre and with the support they received. The inspector carried out a walk around of each home within the designated centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

Since the previous inspection, the provider had addressed the majority of the maintenance issues identified, including repainting of one of the homes and water damage to the kitchen ceiling area. The provider had secured funding for the renovation of all bathrooms, including the en suite in one home. The inspector saw evidence from the provider's maintenance department that all renovation works were due to commence in early 2025. Renovation works would have a positive impact on all residents living in the home and provide them all with a better standard of care.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout each home, which created a pleasant and welcoming atmosphere.

Residents had their own bedroom which was decorated to their individual style and preference. For example, residents' bedrooms included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal tastes. In addition, each resident's bedroom was equipped with sufficient and secure storage for personal belongings.

Overall, each home visited by the inspector was found to be clean, bright, nicely furnished, comfortable, and appropriate to the needs and number of residents living in each home within the designated centre. Residents indicated to the inspector that they were very happy with their home.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and

swallowing (FEDS) had up-to-date FEDS care plans on file. The inspector reviewed one FEDS care plan and found that there was guidance regarding resident mealtime requirements including food consistency and their likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and understood directions given from specialist services such as speech and language therapy. For example, staff told the inspector how to prepare food and drinks in line with the therapeutic and modified consistency dietary requirements as set out in the resident's FEDS care plan. Residents were provided with wholesome and nutritious food, which was in line with their assessed needs.

In both homes, the inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available. The fridges and presses were well stocked with lots of different food items, including fresh fruit, vegetables, juices and cereals.

Residents spoken with confirmed that they felt they had choice at mealtimes and that they had access to meals, refreshments and snacks at all reasonable hours. In addition, residents were consulted with and encouraged to lead on menu planning as they wished. For example, menu planning and food choices were discussed during monthly resident meetings.

Judgment: Compliant

Regulation 28: Fire precautions

Since the previous inspection the provider had mitigated against the risk of fire by implementing improved suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment in both homes.

Following a review of servicing records maintained by the provider, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of each home and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All emergency exits were thumb lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed four residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place in both homes for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

The inspector reviewed one resident's medicine administration record which clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to medicine management.

The provider and person in charge ensured that all residents received effective and safe supports to manage their own medicines. For example, residents had been assessed to manage their own medicines. Outcomes from these assessments were used to inform resident's individual plans on medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three residents' files and saw that files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard

to their care and support. For example, the inspector observed plans on file relating to the following:

- Feeding, eating, drinking and swallowing (FEDS)
- Communication
- Medicine management
- Individual intimate care plans
- Mental health
- General health.

The inspector reviewed three residents' personal plans, which were in an accessible format and detailed goals and aspirations for 2024 which were important and individual to each resident. Examples of goals set for 2024 included; return to swimming, attend a musical and visit a hotel with a spa.

The provider had in place systems to track goal progress. For example, goals were discussed with residents during monthly key working meetings. The inspector reviewed three residents' monthly key working meeting minutes and saw evidence that the following was discussed and recorded; outcome and actions to take, due date for completion and status of goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that there were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. For example, two positive behaviour support plans reviewed by the inspector were detailed, comprehensive and developed by an appropriately qualified person. In addition, each plan included trigger and antecedent events, proactive and preventive strategies in order to reduce the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were two restrictive practices used in one home within the designated centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible.

The inspector found that provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's restrictive practice committee, appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of

the evidence-based interventions with the resident.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy and standard operating procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, all safeguarding concerns were reported to the Chief Inspector of Social Services in line with the regulations.

On the day of the inspection, there were three open safeguarding concerns. Following a review of these, the inspector found that concerns had been responded to and appropriately managed. For example, interim safeguarding plans had been prepared with appropriate actions in place to mitigate safeguarding risks. In addition, the inspector reviewed three preliminary screening forms and found that incidents, allegations or suspicions of abuse were appropriately investigated in line with national policy and best practice.

The inspector reviewed three residents' care plans and observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with resident's personal plans and in a dignified manner.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey 1 OSV-0003583

Inspection ID: MON-0036353

Date of inspection: 03/09/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Residential Programme Manager has sought a timeline with the Director of Quality and Safety regarding a timeline as to when the mentioned policies will be reviewed. The Quality and Safety Director has given a timeline of December 31st 2024, the review for these policies is underway, we are at the updating stage after which the updated versions will be circulated to the local Designated Centers.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2024