Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Liffey 4
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Announced
Date of inspection:	09 September 2024
Centre ID:	OSV-0005781
Fieldwork ID:	MON-0036240

About the designated centre

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

Liffey 4 is a designated centre operated by St. John of God Community Services Company Limited by Guarantee. The designated centre is comprised of two detached community houses based in West Dublin. The service provides residential care and support for up to seven residents with intellectual disabilities. Support is based on identified needs and abilities through relevant assessments. The aim of Liffey 4 is to support residents to live as independently as possible and to enable them to plan for and achieve their goals they set in their lives. Each resident has their own bedroom in each residential unit that makes up the centre. Residents are supported by a staff team of social care workers and a social care leader who reports to the person in charge of the centre. Residents in Liffey 4 are supported to avail of meaningful day services. The day service the individual attends depends on the individuals' needs and preferences. The residents are supported to access the community and access work and education opportunities through these day services. Where a resident has chosen not to attend a day service, they are supported to avail of a meaningful day from their home through activities in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Monday 9 September 2024	09:10hrs to 17:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection scheduled to inform decision making in respect of an application by the provider to renew the centre's certificate of registration. The inspection was completed over one day and the inspector visited both houses that comprised the designated centre. The inspector had the opportunity to meet with three residents who lived in the two houses. These residents spoke to the inspector in more detail regarding their experiences of living in the centre. Residents had also completed residents' questionnaires in advance of the inspection which were made available for review.

The inspector used information from conversations with residents, and from their questionnaires, along with conversations with staff, a review of documentation and a walkaround of the premises to inform judgments on the quality and safety of care. Overall, the inspector found that residents were in receipt of a very good quality service which was ensuring that they felt safe and happy in their home and which was upholding their human rights. There were however improvements required to the fire management systems to ensure that residents were safe in the event of an emergency. The provider took steps to address some of the fire risks on the day of inspection. This will be discussed further in the quality and safety section and under regulation 28.

The designated centre comprised two houses which are located close to Dublin City. The larger house has capacity to accommodate four residents and was home to three residents at the time of inspection, one of whom had been recently admitted to the centre. The other house was smaller and was home to three residents who had all lived there for at least 12 months prior to the inspection. Both houses were well-presented externally and were seen to be homely and comfortable inside.

The inspector first visited the larger house and met with one of the residents who lived there. They told the inspector that they liked living there, that the staff were nice and that they got on well with the other residents. The resident spoke of their hobbies and interests and of their plans for an upcoming holiday. They showed the inspector around their home and their bedroom. The inspector saw that the resident's bedroom was decorated in line with their preferences and reflected their personal interests. It was seen to be clean and comfortable. The resident showed the inspector their suitcase, beach bag and sun hat which they had set aside for their holidays. This resident told the inspector that they felt safe and were happy with their housemates and with the staff team. They were satisfied with how the provider had responded to previous peer to peer related issues in the centre which had impacted them.

The other two residents were both out of the centre on the day of inspection. One was at day service while the other had mostly retired from day service and was, instead, supported with an individual timetable of their choosing. On the day of inspection this resident was out accessing community facilities with staff support

and using the centre's transport. Both of these residents had completed residents' questionnaires with staff support. They told the inspector, through the questionnaires, that they were happy with the quality and safety of care and did not raise any issues with the service.

Residents in this house had access to a large kitchen and dining room, a sitting room, a utility area, a downstairs wet room and an upstairs bathroom. They also had a large front and back garden, both of which were well-maintained. The centre was generally very clean and furniture was comfortable and well-kept. Some minor upkeep was required to the ceiling paint in two areas and will be discussed under regulation 17. The inspector saw that, in this house, there were improvements required to the fire doors and to the fire detection systems in sloped roof storage spaces. This will be discussed further in the quality and safety section of the report.

The inspector visited the other house in the afternoon. Here, the inspector met a resident and a staff member who had returned from completing the food shopping for the service. The inspector saw the resident and staff member unload the shopping and pack it away. Interactions between the staff and resident were seen to be gentle and kind. Afterwards, the resident sat in the sitting room and spoke with the inspector regarding their experiences of living in the centre. They told the inspector that they liked living there and that the staff were very nice, as were their two housemates. They told the inspector of their upcoming holiday plans with their brother and of their plans to go to the local pub for a drink during the week.

A second resident came home while the inspector was there. They told the inspector that they had been to the local community centre for a singing and music group which they enjoyed and attended regularly. This resident told the inspector of other courses that they had completed and proudly showed her their certificates and awards of completion. They spoke of a recent family bereavement and of the good level of support that they had received from staff in respect of this. The resident told the inspector that they liked living in the house but hoped in the future to have their own apartment closer to their family's home town. The resident told the inspector that they had talked to staff about this and that they were aware of their wishes.

Throughout the inspection, the inspector heard friendly conversations between residents and staff. Staff were heard offering residents snacks and drinks and assisting residents to prepare dinner. Staff were also seen to uphold residents' independence and actively encouraged residents' participation in the routine of the centre, for example in putting away shopping and preparing meals. Residents were encouraged to develop autonomy and independence and to avail of public transport in accessing their independent community activities.

Staff in this centre had completed human rights training and described to the inspector how this had influenced their work. For example, one staff member told the inspector of how they supported residents to make a complaint as the residents had expressed that the centre's bus was not comfortable. Residents were kept informed of the progress of this complaint at regular fortnightly residents' meetings. Staff also told the inspector that they had changed the schedule of residents'

meetings in line with residents' preferences.

The inspector saw that there were sufficient staff on duty on the day of inspection to meet the needs of residents. Staff spoken with were well informed of residents' needs and preferences in respect of care and support. Staff were seen to communicate in a respectful and kind manner with residents and warm and friendly interactions between residents and staff were observed.

The inspector saw a written compliment by a family member which detailed how happy they were with the support given to a resident during a difficult time in their life. The compliment detailed how they had seen an improvement in the resident's confidence, independence and their communication skills since they had moved into the designated centre.

Overall, the inspector saw, and was told, that residents in this service enjoyed a very good quality of life which was meeting their needs and upholding their rights. The next two sections of the report describe the governance and management arrangements for the centre and how effective these were in ensuring a good quality and safe service.

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 these arrangements were in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the oversight arrangements were effective in ensuring that residents were supported by a consistent and well-trained staff team who knew their needs and preferences well. The provider had in place a series of comprehensive audits which were identifying risks to the quality and safety of care, however enhancements were required to ensure that action plans arising from these audits were implemented in a timely manner.

The inspector reviewed the staff rosters and the training records for the centre. It was evident that there were sufficient staff on duty to meet the needs of the residents and that the staffing levels were in line with the statement of purpose. Staff were in receipt of regular support and supervision from a social care leader. Staff supervision had been an area identified as a deficit on the provider's own audit in February 2024, and this had been addressed by the time of the inspection. All staff had received at least two supervision sessions and staff spoken with on the day told the inspector that they felt well-supported in their roles. Staff complemented the management systems and in particular, felt that the appointment of the social care lead, had enhanced the oversight of the centre.

There was a very high level of compliance with mandatory and refresher training. All

staff were up-to-date or were booked on upcoming refresher training for key mandatory areas. Staff had also received additional training in areas specific to meet the needs of the residents, for example, in communication, and spoke of how this had enhanced the care and support provided in the centre.

There were clearly defined management systems and staff spoken with were informed of the reporting arrangements. The social care leader was in receipt of their own support and supervision from the person in charge and there were regular scheduled meetings to ensure that issues relating to the quality and safety of care could be escalated through the management systems to the provider level.

The inspector reviewed the last two six monthly unannounced visits completed by the provider. These were seen to be comprehensive and reflected presenting risks in the centre. However, the provider had failed to address some required actions in a timely manner. For example, actions required to ensure fire doors were compliant were long-standing across a number of the audits and these actions remained outstanding at the time of inspection.

The six monthly audits informed a quality enhancement plan which tracked implementation of actions. Some improvements were required to this plan to ensure that it did not identify actions as completed when the presenting risk had not been wholly mitigated against. For example, an action relating to ensuring fire doors were compliant was marked as "complete" as the provider's maintenance department had been informed of the required action, however the required action to address the deficit had not been achieved at the time of inspection.

The provider's annual review of the quality and safety of care in the centre in 2023 also required some enhancement to ensure that it reflected the care and support provided in both houses that comprised the centre.

Overall, the inspector was assured that the local management arrangements were effective in ensuring that residents were in receipt of care and support from a suitably qualified and consistent staff team. However, improvements were required at provider level to address long-standing fire safety risks and to ensure that provider level audits were effective in driving timely service improvements in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the centre's certificate of registration within the required timeframe and paid the required fee. Accompanying documentation was submitted, such as the statement of purpose, floor plans and residents' guide. However, on review the inspector found that there were some changes required to the floor plans to ensure that they accurately reflected the layout of the centre. For example, a storage room observed on the day of inspection was not included on the floor plans.

A copy of the provider's insurance against injury to residents was also submitted. However, a copy of the insurance for the premises of the designated centre had not been submitted at the time of writing the report.

Judgment: Substantially compliant

Regulation 15: Staffing

The inspector reviewed the staff roster for both houses from July and August 2024. The inspector saw that staffing levels were maintained in line with the statement of purpose across the dates examined. There were no vacancies in the staff team at the time of inspection and the inspector saw, on reviewing the rosters, that any gaps in the roster were filled by a small number of regular relief and agency staff. This was effective in supporting consistency of staffing for residents.

The inspector spoke to two staff on the day of inspection. One of the staff members had been in their role for a number of years and was very familiar with the residents and with their assessed needs. The other staff member had commenced a number of months ago in a local management position and was also found to be knowledgeable regarding the residents' and the service needs.

The Schedule 2 staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and saw that there was generally a very high level of compliance with mandatory and refresher training. For example, all staff were up to date with training in fire safety, safeguarding and safe administration of medication. A small number of staff required refresher training in managing behaviour that is challenging and in dysphagia. The inspector saw that this training was scheduled for the coming weeks.

Staff had also completed additional training in areas including human rights and told the inspector of how this had informed their practice. For example, one staff member told the inspector of how they supported residents to achieve their goals and to make complaints regarding issues that presented in the designated centre. The inspector was given the example of how residents in one house had recently made complaints about the service vehicle at their residents' meeting. The residents were supported to make a formal complaint and this was progressed through the management systems in line with the complaints procedure.

Staff were in receipt of regular support and supervision through monthly staff

meetings and individual supervision sessions, of which, three per year were held. Staff told the inspector that they felt well supported and that the management team were responsive. The inspector reviewed the staff meeting records from the last three months and saw that they covered key areas including safeguarding, adverse incidents and complaints. The inspector also reviewed the last two supervision records for two staff and found that these meetings were used to performance manage and develop staff. Staff were given the opportunity to raise concerns and give feedback to management on the service being provided.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place in the centre. The staff team reported to a social care leader, who in turn reported to the person in charge. The person in charge was supported in their role by senior managers. Staff were performance managed through staff meetings and individual supervision sessions. The inspector saw that the appointment of a social care leader was effective in enhancing the local oversight arrangements. For example, it had been identified on the provider's six monthly audit in February 2024 that staff were not in receipt of supervision as frequently as defined by the provider's policy. However, since the appointment of the social care leader a number of months ago, all staff had received two supervision sessions.

The provider had completed six monthly unannounced visits in line with the requirements of the regulations. The last two of these audits from August and February 2024 were reviewed by the inspector. The inspector saw that these audits were comprehensive and identified areas for improvement regarding the quality and safety of the centre. The inspector saw that many of the required actions to ensure compliance were achieved. However, there was a long-standing risk identified across these audits in respect of the centre's fire doors and this had not been addressed in a timely manner.

The six-monthly audits were used to inform a quality enhancement plan which tracked the provider's progress in implementing required actions to ensure the safety and quality of care. However, the inspector saw that the quality enhancement plan required review to ensure that actions which remained outstanding were not marked as complete before they had been addressed. For example, one action, which detailed that door closers would be installed by the end of December 2023, was marked as complete. However, all door closers had not been installed by the time of inspection.

The provider had completed an annual review of the quality and safety of care in 2023. The inspector found that the review mainly reflected the care provided in one of the houses of the centre and was not reflective of the quality of care in both houses. Additionally, further information and detail was required to demonstrate

how the provider was meeting the standards. For example, under theme 6, the provider detailed that a new roster was put in place following the safeguarding issues being addressed, however, there was no information on the roster review or the revised staffing arrangements which were implemented. While the annual review detailed residents' opinions, it was not clear how these opinions had been elicited in respect of the review. For example, the review stated that one resident was happy with their change of bedroom but did not provide information on how the resident was consulted with.

Overall, the inspector found that the provider had enhanced the local management systems and had in place a series of comprehensive audits. However, enhancements were required to aspects of these audits to ensure that actions were progressed in a timely manner and to ensure that they reflected the quality and safety of care across both houses.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted by the provider to accompany the registration renewal application. A copy of the statement of purpose was available in the designated centre. The statement of purpose was reviewed and was seen to contain all of the information as required by the regulations, for example, the admissions procedure and the staffing arrangements. The statement of purpose was found to be an accurate reflection of the services and facilities provided for in the designated centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived there. The inspector found that residents in this designated centre were in receipt of a very good quality service which was enabling them to live full and active lives of their choosing. Residents were supported to develop and maintain relationships with their friends, partners, families and the wider community. Residents told the inspector that they felt safe and were happy living in their homes. While overall the inspector saw that residents were in receipt of a good quality service, there were enhancements required to the fire management systems to ensure that smoke and fire would be adequately detected and contained in the event of an emergency.

Residents in this service clearly enjoyed active lives. Residents told the inspector of their hobbies and interests and of their educational achievements. The inspector saw that residents were supported to maintain their independence when accessing the community. However, there were also sufficient staff available to support those residents who required assistance. Many of the residents spoke to the inspector about their families and one spoke of their relationship with their partner. They described being supported to have meaningful relationships of their choosing and in line with their personal preferences. Several of the residents had holidays planned. Some residents were going with family members while others were being supported by staff members to have a holiday.

The premises of both of the houses were seen to be clean and comfortable, although there was minor upkeep required to both of the houses, including, for example, painting and replacement of a worn carpet on the stairs. Residents had access to their own private bedrooms as well as communal facilities, including kitchens, utility rooms and sitting rooms. The communal facilities were seen to be homely and comfortable, and residents' bedrooms were decorated in line with their personal preferences.

Infection prevention and control (IPC) practices in both houses were generally in line with best practice. For example, there were adequate hand hygiene facilities and there was appropriate colour-coded cleaning equipment for different areas of the premises. However, there were improvements required to the provider's IPC policy to ensure that staff refresher training in IPC and practical hand hygiene training was being completed in a timely manner. Improvements were also required to the outbreak management plans to ensure there were detailed plans to guide staff in both houses in managing any outbreak of infection.

The fire management systems also required review to ensure that they were effective in detecting and containing fires so that residents could be safely evacuated in the event of an emergency. It was known to the provider that some of the fire doors on the emergency escape route were not fitted with automatic door closers. The inspector also saw that these doors had keyholes and it was not evident that they would be effective in containing smoke due to the keyholes observed. One storage room which contained electrical equipment was also not fitted with a smoke detector. The provider took measures to address some of these risks on the day of inspection, including installing two door closers on bedroom doors and fitting a temporary smoke detector in the storage room.

Two of the residents' files were reviewed on the day of inspection. The inspector saw that these files each contained an up-to-date and comprehensive individual assessment which was used to inform person-centred care plans. Residents' care plans clearly reflected their assessed needs and guided staff in providing care which was in line with residents' preferences and which upheld their privacy and dignity.

There were systems in place to ensure that residents were safe and that their rights were upheld. Staff had received training in safeguarding vulnerable adults and in human rights and were informed of their roles and responsibilities in respect of these areas. The provider had responded to previous safeguarding issues in the

centre and residents spoken with told the inspector that they felt happy and safe. One resident who had been previously impacted by safeguarding risks told the inspector that they were happy with how the provider had managed the concerns.

Regulation 13: General welfare and development

Residents in this centre enjoyed a wide variety of social, educational and recreational activities. Residents told the inspector of their hobbies and interests including horse riding, attending community classes, going out for dinner and singing. Some residents told the inspector about the educational courses they attended and showed the inspector certificates that they had achieved. Residents were proud of their achievements and told the inspector that they were supported by staff to identify and achieve new goals.

The residents were seen to be busy on the day of inspection. Some residents went to day services while others attended community courses or visited community centres for music sessions. One resident, who had semi-retired from day service, was supported to avail of an individualised service with staff support in line with their preferences.

Residents were well-connected with their friends, families and communities. Residents told the inspector of how they met up with friends and family members and of how they maintained their autonomy in this regard. One resident was in a relationship and enjoyed socialising with their partner. Other residents spoke of how important their family members were to them and told the inspector about holidays they had planned with their family. Another resident had an upcoming foreign holiday and was being supported by staff on this trip. One resident told the inspector of how a loved one had passed away recently and of the support that they had received from staff. They told the inspector that had the staff team listened to them and helped them.

Judgment: Compliant

Regulation 17: Premises

A walkaround of both houses which comprised the designated centre was completed on the day of inspection. The inspector saw that both houses were clean, homely and generally well-maintained. Residents had their own bedrooms which were seen to be decorated in line with their personal preferences. Three residents showed the inspector their bedrooms and appeared to be proud of them. One resident showed the inspector how their room had been decorated to reflect their interest in a popular book and movie series. Both houses also provided adequate cooking facilities, laundry facilities, and communal sitting and living rooms. One house had a

large back garden. The other house, which was located in a more urban setting, had a courtyard with table and chairs.

There was minor upkeep required to both houses. In the larger house painting was required to the ceiling in the downstairs bathroom and in the hallway outside the utility area. Paint here was seen to be flaking off.

The smaller house required upkeep to:

- the carpet on the stairs as this was seen to be worn away in places
- the walls in the back courtyard required painting as the paint was seen to be flaking off
- the shower in the main bathroom was logged on the maintenance schedule as having leaked through to the staff office on three occasions in recent weeks. The ceiling in the staff office was seen to be damaged. This required repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was submitted to the provider to accompany their registration renewal application. A copy of the residents' guide was also available in the designated centre. The residents' guide contained all of the information as required by the regulations, including, for example, information on the services and facilities and the complaints procedure.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector saw that the practices in the designated centre regarding infection prevention and control (IPC) were generally in line with the national standards. The inspector saw that the centres were clean and hygienic. There were adequate hand hygiene facilities including wall-mounted hand sanitiser and hand washing sinks with soap and disposable paper towels. Staff had followed public health guidance in respect of a recent outbreak of infection in one of the houses and had implemented transmission-based precautions. Staff were also knowledgeable regarding personal protective equipment (PPE) and how to correctly use this.

However, there were some enhancements required to the provider's IPC policy and to the implementation of the policy at local level. For example, the provider's policy detailed the training that all staff must complete online training in respect of IPC but did not define the timeframe for refresher training. The inspector saw, on reviewing

the training matrix, that all staff had completed IPC training modules. However, it could not be determined if this training was up to date as the timeframe for refresher training was not defined. Additionally, the provider's policy detailed that all staff must complete practical hand hygiene training every two years, however, only three of the nine staff in this centre had completed this training.

There were also enhancements required to the outbreak management plans to guide staff in the event of an outbreak of infection. While there was an outbreak management plan for one of the houses, this did not include information on managing the risk presented by the shared bathroom arrangement and was not wholly in line with the provider's policy regarding the IPC oversight arrangements. There was no outbreak management plan in place for the other house at the time of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A review of the fire risk management systems was required to ensure that there were adequate fire detection and containment facilities in place in line with the associated regulations. There were a number of risks to fire containment and detection in the larger of the houses which comprised the designated centre. Some of these risks were known to the provider and had been identified through their own audits while other risks were identified by the inspector on the day of inspection. The provider took action to address some of these risks on the day. The risks identified included:

- A number of rooms, including resident bedrooms and the living room, located on the main emergency escape route did not have automatic door closers fitted to the fire doors. This posed a risk to the containment of smoke and fire in the event of an emergency. The provider installed two door closers on bedroom doors on the day of inspection. This meant that all residents' bedrooms had automatic door closers installed. However, there were a number of other doors on the escape route which were awaiting automatic door closers.
- Many of the fire doors had keyholes installed. These potentially rendered the fire doors ineffective. Additionally, the use of keys posed a risk to the timely evacuation of the centre. This required review by the provider.
- Two under eaves storage areas contained hot water tanks and electrical equipment such as light switches and immersion switches. Both of these storage areas were observed to be very full of potentially flammable materials, such as paper, clothes and decorations. This posed a risk that a fire could spread rapidly in this area if it was to start.
- Only one of the under eaves storage areas was fitted with a smoke detector which was connected to the centre's fire alarm system. The inspector was

informed that a temporary smoke detector which was not connected to the system was installed in the other storage area as an interim measure on the day of inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files which contained their individual assessments and care plans on the day of inspection. The inspector saw that each file contained a comprehensive assessment which had been updated within the past 12 months. This update was informed by the multidisciplinary team.

Each resident was supported to engage in the review and their views and preferences were reflected in their care plans. Residents' files contained an easy-to-read "all about me" section which provided a summary of residents' assessed needs and preferences.

Care plans were implemented for each assessed need, for example in areas such as dental hygiene, chiropody and healthy eating. These care plans had all been reviewed and updated within the past 12 months.

Judgment: Compliant

Regulation 8: Protection

The provider had addressed previous compatibility and safeguarding issues in one of the houses to the residents' satisfaction. One of the residents from this house told the inspector that they now felt safe and happy in their home. They had been consulted with regarding a new admission and reported that the residents got on well together. The resident showed the inspector photographs of them engaging in community activities with their new housemate. There had been an observable decrease in peer-to-peer related safeguarding incidents in this house. The inspector saw that the small number of peer to peer incidents were reported and responded to in line with statutory requirements. Interim safeguarding plans were implemented to protect residents and these were later agreed with the national safeguarding office.

All staff were up to date with safeguarding training. The inspector asked one staff member about safeguarding and found that they were informed of their roles and responsibilities in this area.

The inspector reviewed the files of two residents and saw that they had up-to-date intimate care plans. These plans clearly detailed the steps to maintain residents

autonomy and dignity in respect of their personal care.

Judgment: Compliant

Regulation 9: Residents' rights

The culture of this service was one which was respecting and upholding the rights of residents. Residents were put at the centre of the service and their views and wishes were respected and upheld. Regular residents' meetings were held, the frequency of which had recently been changed in line with the expressed preferences of residents. The inspector reviewed the records of the last three meetings in one of the houses and saw that these were clearly used as a forum to consult with residents and to respond to any of their concerns. For example, at a meeting in August 2024, residents in one house were asked if they would like to plan some group activities and their preference in this regard was used to inform decision-making. At another meeting, in September 2024, residents were informed and updated regarding the status of a complaint they had made in respect of the service vehicle. Residents were also informed of and given further information regarding the complaints procedure at this meeting.

Residents' rights to autonomy were upheld. There was a culture of positive risk-taking in the service. Many residents travelled independently and accessed community centres and education courses without support as per their preference. However, the inspector saw that there were sufficient staff available to support those residents who required support to access the community in line with their individual assessed needs.

There was information available in the centre, in an accessible format, on the menu options and the staff roster. There was also accessible information available in each house on advocacy services and the provider's complaints procedure. Residents spoken with were informed of the complaints procedure and of their rights.

Staff had received training in human rights and were informed of their roles and responsibilities in respect of upholding residents' rights.

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	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 4 OSV-0005781

Inspection ID: MON-0036240

Date of inspection: 09/09/2024

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Changes were made to the floor plans to highlight the storage area. These were resubmitted to the registration team. A copy of the premises insurance details have now been submitted to the registration team via email on 23/09/2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We split maintenance actions on the Quality Enhancement Plan into two, first action is to escalate a maintenance issue. The second action is the completion of the action. Something was marked complete in error. A full review of the Quality Enhancement Plan has been conducted since the inspection, ensuring all outstanding actions are outlined as incomplete. The annual review lacked detail on how information was gathered from families and residents. There was a corresponding document outlining our approach with families and residents but it was not shown to the inspector. For 2024s review we are going to use a different approach to the annual review. Ensuring that information is clear for both houses, demonstrating how we meet the	

standards, review of practice, and a break down of how we obtained feedback from all parties.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All maintenance issues were already escalated before the inspection. However, we now have a timeline for completion:

Larger house:
Painting of downstairs ceiling for bathroom and hallway outside utility room.

Smaller house:
New carpet required for the stairs.
Garden back walls to be painted.
Fixing leaking in shower. Complete
Fixing ceiling in staff office. Complete

All works will be completed by 30th April 2025.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
AMRIC training is done in line with The HSE Community Infection Prevention Control Manual. This states the 5 modules should be done every 2 years.
Hand hygiene is to be done every 2 years.
All staff have been scheduled for practical hand hygiene training.
Both locations now have fully thorough outbreak management plan. This includes measures for the house with the one shared bathroom.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: All doors on all escape routes will be fitted with closers, these will be noise activated linked to the alarm system.

A fire officer reviewed the location in question. The Fire officer specifically reviewed all doors in the location considering door thickness, smoke seals, intumescent strips, door handles and possible presence of certificates or tags. The Fire Officer findings were that the doors were of the required thickness and have the required smoke seals and intumescent strips of fire doors. The door handles are of domestic quality and should be replaced for industrial strength handles. Finally, it has been noted that there are no certificates or tags with any of the doors. The Fire Officer has indicated that he is satisfied up to the point of certification that the doors are fire doors and is assured that they will provide the necessary protection to allow the residents to safely evacuate. Below is an extract from the email sent by the Fire Officer confirming his findings.

The doors into all the rooms off the corridors downstairs and upstairs appear to be fire doors as they are 44mm thick, have smokes seals and intumescent seals. However as there are no door tags or certificates for these doors we cannot confirm that they are fire doors.
The door handles appear to be of domestic quality. These should be changed for industrial certified handles with similar locks too.

We will be replacing all door handles as outlined in the report, this will be completed by 30th November 2024. In addition to the door handles we will also implement a risk assessment focusing on assurances in terms of fire safety and evacuation with doors that do not have certification. We will also add an additional two fire drills in the location, one at night and one day time drill. This is aimed at assuring ourselves the residents are continuing to evacuate in a timely and safe manner.

A review has occurred of any doors with locks – none are locked causing any additional risks during evacuation and will be replaced by the end of November 2024. No keys are even present for the doors highlighted.

The two eaves have been cleared of any unnecessary storage.

An integrated smoke alarm was fitted into the relevant eaves on the 1st October 2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	23/09/2024
Registration Regulation 5(3)(a)(e)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act	Substantially Compliant	Yellow	23/09/2024

	2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	09/04/2025
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/02/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit	Substantially Compliant	Yellow	28/02/2025

	to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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.	Substantially Compliant	Yellow	28/02/2025
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	28/02/2025
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	28/02/2025

	detecting, containing and extinguishing fires.			