



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

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	16 May 2018
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0021767

About the designated centre

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

Liffey House is a detached bungalow located in close proximity to a small village in County Kildare. The centre is subdivided into two parts. One section has been converted into a one bedroom apartment where one resident resides. The other section comprises of five bedrooms where four residents reside. Care is provided to both male and female adults some of whom have autism and mental health needs. The skill mix in the centre is made up of social care workers, assistant support workers and one nurse. The staffing levels in the centre is based on the assessed needs of the residents during the day. There are two sleep over staff on duty at night time in the centre. The centre is managed by a person in charge who is full time in their role. They are supported by two deputy team leaders and a nurse who has oversight over the health care needs of the residents. Services provided in the centre are done in collaboration with residents and allied health professionals as appropriate to the needs of the residents.

The following information outlines some additional data on this centre.

Current registration end date:	02/09/2021
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
16 May 2018	10:05hrs to 19:00hrs	Anna Doyle	Lead
16 May 2018	10:05hrs to 19:00hrs	Conan O'Hara	Support

Views of people who use the service

The inspectors met all of the residents residing in the centre, four of whom discussed what their views were on the quality of services provided in the centre. In addition, to this the inspectors were given five questionnaires completed by the residents as part of this inspection on their views of the centre.

The general feedback from the information received found that the residents were happy with the services provided in the centre.

Residents spoke positively about the staff in the centre and said that they felt safe. Residents spoke about some of the social activities they were involved in external to the centre, some of which included going to the pub, meeting friends, slimming world and going to the gym. They also spoke about being supported to attend a range of activities during the day which included college, pottery classes and supported employment.

Residents said that they were happy with the food provided and were supported to prepare meals in the centre. They spoke positively about the staff in the centre and said they felt safe.

Some residents spoke about having issues sharing with their peers, however said they were supported to talk about this at weekly key working meetings.

With the permission of residents some issues raised by them were fed back to the person in charge and the director of operations at the feedback meeting.

Capacity and capability

This centre was well managed and supports provided were responsive in meeting the individual assessed needs of the residents.

There was a clearly defined management structure in place with clear lines of authority and accountability. There was a qualified and experienced person in charge who worked on a full time basis and was supported in their role by two deputy team leaders, a nurse, a regional manager and the director of operations.

The person in charge was a qualified social care worker with experience of working in the disability sector. They provided good leadership to the staff team and ensured

the centre was adequately resourced to meet the individual needs of the residents. They demonstrated a very good knowledge of the residents needs in the centre and was aware of their requirements under the regulations.

There were sufficient staff available in the centre to meet the needs of the residents. Staffing levels were reviewed and examples were outlined to inspectors where staffing had been increased in response to the needs of the residents. Examples included an increase in staffing in the evening time to ensure that safeguarding measures could be implemented, and an increase in staff supports to meet one residents' social care needs during the day.

A planned and actual rota was maintained in the centre. This was complimented by a handover record which identified specific duties that staff were assigned on a daily basis. For example, an assigned first aider and a shift leader was on duty every day. The person in charge intended to include the assigned shift leader on the actual rota going forward.

Staff spoken to were very knowledgeable around the needs of the residents in the centre. Training had been provided to ensure that all staff had the skills to support residents. This included training in safeguarding vulnerable adults, positive behaviour supports and medication management. A suite of online training was also available to staff in the centre in areas such as diabetes management, basic life support and epilepsy.

The provider had also implemented an improvement initiative which allowed the person in charge to review relief staff training records prior to them commencing a shift in the centre so as to ensure that they were appropriately trained to meet the needs of the residents.

Staff felt supported by the person in charge. Deputy team leaders facilitated supervision with staff on a regular basis. The inspectors found from a sample of records viewed that concerns raised by staff were responded to. In addition, to this employee engagement forums were held in the wider organisation for staff to raise concerns. Inspectors found from a review of these minutes that concerns raised were also responded to. An example of this included ensuring that relief staff had the necessary competencies prior to starting a shift in the centre.

Regular staff meetings were also held in the centre and from a sample of minutes viewed they were comprehensive, outlined a review of residents care and support needs in the centre and discussed operational issues such as policies, safeguarding plans and risk management.

The director of operations and the regional manager provided regular support to the governance and management of the centre. The provider had appointed a member of the quality team to conduct an unannounced quality and safety review of the centre. The report from the most recent audit had not been formalised at the time of this inspection. Inspectors reviewed the last report and found that areas of improvement identified had been responded to by the person in charge.

An annual review had also been completed for 2017 where some areas of

improvement had been identified which included a review of self medication assessments for residents which had been completed.

In addition this the director of operations outlined some quality improvement initiatives that were being introduced in the wider organisation to improve services in areas such as personal plans, new software systems and quality and safety meetings. The director of operations also outlined some changes to the reporting structures in place which aimed to improve supports to the person in charge.

One resident had been admitted to the centre last year, they met with inspectors to discuss if they were happy with this transition. They spoke positively about this process. Each resident had a contract for services provided in place, which was signed by them and/or a family representative. However, the contract of care for residents did not outline the additional fees that residents may incur in the centre.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. For example, weekly residents meetings were held along with one to one meetings with key workers. Residents were supported to make a complaint. There were no open complaints at the time of the inspection and from a review of complaints made previously they were addressed effectively. Contact details of advocacy services were displayed in the centre and the person in charge gave an example of how one resident had been positively supported with an advocate to effect change in their life.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required documents as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified social care worker with experience of working in the disability sector. They provided good leadership to the staff team and ensured

the centre was adequately resourced to meet the individual needs of the residents. They demonstrated a very good knowledge of the residents needs in the centre and was aware of their requirements under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents. Staff were also supervised on regular basis, and a sample of personnel files viewed at an earlier date by HIQA were found to contain the requirements set out in the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training in the centre. The director of operations also outlined an improvement initiative that was being introduced in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and contained all of the information required by the Regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted insurance records as part of their application to renew the registration of the centre.

Judgment: Compliant
Regulation 23: Governance and management
Effective management systems were in place to support and promote the delivery of safe, quality care services in the centre.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The contract of care for residents did not outline the additional fees that residents may incur in the centre.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose consisted of a statement of the aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It included all of the requirements set out in the regulations and was kept under review by the person in charge.
Judgment: Compliant
Regulation 31: Notification of incidents
A sample of incidents were reviewed by the inspectors and all incidents were notified to the Authority as required.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of their obligation to notify HIQA if the person in charge

was absent for more than 28 days.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider had arrangements in place for the management of the centre in the event of the person in charge being absent from the centre for more than 28 days.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a complaints policy in place and information on how to make a complaint was displayed in the centre. The centre maintained a complaints log which demonstrated that the complaints were addressed in a timely manner. Residents also had access to advocacy services.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies and procedures required under Schedule 5 of the regulations were available in the centre. The provider also had a key events schedule document in place that highlighted when policies required review in order to meet their obligations under the regulations.
Judgment: Compliant
Quality and safety
The inspectors observed that the quality and safety of care provided to the residents was to a good standard and residents' health, emotional and social care needs were being comprehensively provided for. Some minor improvements were required to the premises and to the management of restrictive practices in the centre.
From viewing a sample of files, inspectors saw that the residents were being

supported to achieve personal and social goals and to maintain links with their families. Through the process of individualised planning the inspectors saw that residents were being supported to set and achieve goals in keeping with their individual preferences. For example, residents were supported to attend day services, attend college, some were supported to attend work placements. In addition, one resident had an interest in pets and was being supported to become a volunteer or find employment in this area.

Independent living skills also formed part of the supports provided and the inspectors observed that some residents were learning how to cook meals or use their bank card independently.

Residents had access to a range of allied health care professionals which included GP, dentist, chiropodist and a podiatrist and appointments were facilitated as required. Care interventions were in place to support residents with health care needs such as diabetes and epilepsy. Residents were also consulted on their preferences around the care provided. For example, one resident had been consulted on how to best support them when they were feeling anxious.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals such as a behavioural support specialist and psychiatrist. Staff had been provided with training in positive behaviour support. Some training had also been provided to staff in some specific mental health disorders by an allied health professional with expertise in the area. Part of the staff compliment also included a nurse who was a qualified psychiatric and learning disabilities nurse who also provided information training sessions at staff meetings. Staff spoken to had a very good understanding of the residents needs in the centre.

Inspectors found that restrictive practices were in place in response to identified risks to residents in the centre. There was evidence to support that restrictions had been reviewed to ensure that they were the least restrictive to the residents. Examples were provided where the impact of one restriction on other residents in the centre had been reviewed and actions had been taken to ensure it was not impacting other residents. For example, due to a restriction on food items in the centre for one resident, other residents had been given a key to their own press to ensure they had access to their own food preferences when they wished. However, the inspectors found that one restrictive practice was not identified as such, as two bedroom door alarms were in place for two residents. Staff were also unclear about the rationale for these being in place. Some residents reported that they did not like some of the restrictions in place in the centre and this was discussed at the feedback meeting.

The inspectors found that allegations of abuse had been dealt with in a timely and effective manner. Safeguarding plans were implemented to ensure that residents were safe and inspectors observed staff implementing some of the measures on the day of the inspection. Residents were informed of their rights, knew how to make a complaint if they had to and had access to independent advocacy services. Staff had training in safeguarding of vulnerable adults and from speaking with staff members,

the inspectors were assured that they knew what constitutes abuse and the required reporting procedures.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. A risk register maintained in the centre was regularly reviewed and updated. Individual risk management plans were also in place for residents which identified the controls in place to mitigate risks. All incidents that occurred in the centre were reviewed by the person in charge and escalated to the regional manager and director of operations on a weekly basis. The board of management was also kept informed of any risks in the centre.

There were systems in place to ensure all fire fighting equipment was appropriately serviced and fire containment measures were in place throughout the centre. The centre completed regular fire drills during the day and in the evening time when staffing was reduced. No issues were identified from the records viewed. However, there were no records to demonstrate that residents and staff could be safely evacuated at night time.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines. Consideration had also been given to whether residents wanted to self administration their medication in the centre. While PRN (as required) medicines were prescribed for some residents, residents were able to verbalise to staff when they required this. This was outlined in their personal plans. Medication errors were responded to in a timely manner and reported to senior personnel. Remedial actions were taken where required to minimise potential risk to the resident. For example, where required staff were provided with refresher training in medication management practices.

Infection control policies and procedures were available in the centre. Personal protective equipment was provided and hand washing facilities were available. Staff had completed training in hand hygiene. Of the staff spoken to inspectors found they were knowledgeable around the procedures to follow.

The inspectors completed a walk through the premises. They found that the centre was decorated in a homely way and residents rooms were personalised to their own individual tastes. The outside areas were well maintained and welcoming with seating and a patio area. However, there were two areas which required some minor attention in relation to cleanliness in the kitchen and one bathroom.

Regulation 11: Visits

There were was a visitors policy in place and residents were facilitated to receive visitors in the centre in line with their own wishes.

Judgment: Compliant

Regulation 17: Premises

The centre was decorated in a homely way and residents rooms were personalised to their own individual tastes. The outside areas were well maintained and welcoming with seating and patio area. However, there were two areas which required some minor attention in relation to cleanliness in the kitchen and one bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents said that they were happy with the food provided and were supported to prepare meals in the centre. Residents who required support in this area had it identified in their personal plan and staff were aware of the supports required.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective arrangements in place for the management and ongoing review of risks in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the management of health care associated infections. Staff were knowledgeable in this area.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire management systems in place in the centre to minimise the risk of fire in the centre. Regular fire drills were completed during the day and in the evening time, however a night time drill had not been completed to assure that residents and staff could be safely evacuated in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were effective medication management systems in place at the time of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an assessment of need. The provider was also devising a new assessment of need for residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of allied health care professionals which included GP, dentist, chiropodist and psychiatrist. Appointments were facilitated as required. Care interventions were in place to support residents identified health care needs and staff were knowledgeable in this area.

Judgment: Compliant

Regulation 7: Positive behavioural support

One restrictive practice was not identified as such, as two bedroom door alarms were in place for two residents. Staff were also unclear about the rationale for these being in place. Some residents reported that they did not like some of the restrictions in place in the centre and this was discussed at the feedback meeting.

Judgment: Substantially compliant

Regulation 8: Protection

All staff were trained in safeguarding vulnerable adults. Staff were aware of their requirements to report any incidents of alleged abuse and outlined the reporting structures in place in such an event to the inspector. Safeguards were in place to ensure that residents were protected in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Resident's had access to advocacy services, were facilitated to make complaints, raise concerns and participated in decisions around their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0021767

Date of inspection: 16/05/2018

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1. The Contract for Provision of Services has been updated to ensure all any additional fees the residents may incur is clear for all residents. 2. All residents have signed the new Contract for Provision of Services. 3. The Contract for Provision of Services was discussed with staff during the June team meeting held on the 14th. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The radiator which required painting as identified during the verbal feedback to PIC and DOO has been painted. 2. The kitchen which was also identified as an area of concern during the feedback, has received a deep clean. 3. There are procedures in place to ensure high hygiene standards are maintained within the Centre and an environmental check is carried out daily by the shift leader to identify any general upkeep the Centre may require. This will be over seen by the PIC. 4. All of the above points will be discussed with staff during the July team meeting. 	
Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. A fire drill was conducted at 12:06am on the 10.06.18, all residents were in bed at the time of the drill. All residents were gathered at the assembly point within an appropriate time frame.
2. A schedule for night time fire drills will be implemented in the Centre and overseen by the PIC to ensure it is adhered to at all times.
3. Point 2 will be discussed with staff during the July team meeting. |

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. One of the two bedroom door alarms identified in the monitoring report has been removed.
2. The remaining bedroom door alarm has been added to the restrictive practice register. It has also been clarified to the team what the rationale behind having this restriction is.
3. All restrictions in the Centre have been reviewed with the staff team at the June monthly team meeting held on the 14th. |

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31.07.2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	15.06.2018
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre	Substantially Compliant	Yellow	31.07.2018

	and bringing them to safe locations.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	15.06.2018