Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	01 July 2019
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0024946

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 close to a small village in County Kildare. The centre is subdivided into two parts, one of which is a self-contained 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 a 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 and one waking staff on duty at night time. 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 for the healthcare 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.

Number of residents on the date of inspection:	5

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
01 July 2019	09:30hrs to 17:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and spend some time with four of the residents living in the centre during the inspection. They described what it was like to live in the centre and how they were supported to make choices in their day-to-day lives. A number of residents spoke to the inspector about their achievements and about things they had to look forward to.

Residents were actively participating in their local community and this was evident from reviewing documentation and speaking with residents and staff. Residents had access to vehicles to support them to engage in activities of their choosing outside of their home. They were meeting with their keyworkers regularly to discuss their goals and the steps to achieve these goals. During keyworker sessions residents had opportunities to discuss all aspects of care and support in the centre. They had access to advocacy supports if they so wish and some residents had accessed these supports in the past.

Residents and staff were aware of the complaints process. Two residents who spoke with the inspector described areas for improvement in relation to their care and support in the centre. With the permission of one resident, the inspector discussed the issues raised with the person in charge, who described current supports in place for the resident and how they could further support the resident in line with their wishes moving forward. The other resident stated they were aware of the complaints process but would rather discuss the issues raised with the inspector, with staff in the centre informally.

Capacity and capability

Overall, the inspector found that the registered provider and person in charge were monitoring the quality of care and support for residents. They were completing regular audits and the actions from these were leading to improvements for residents in relation to their care and support and in relation to their home.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the director of operations (DOO). Staff meetings were held regularly and agenda items were found to be resident focused. The annual review of quality and safety and the six monthly visits by the provider or their representative were being completed and there was evidence that actions from these reviews were being completed in line with the timeframes identified by the

provider.

Staff members who spoke with the inspector were knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent. Residents appeared comfortable in the presence of and with the levels of support offered by staff throughout the inspection. There were a number of staffing vacancies in the centre. The provider was in the process of recruiting to fill these vacancies and interviews had been scheduled. In the interim the provider was attempting to minimise the impact of these vacancies for residents by utilising regular relief to fill the required shifts. Planned and actual rosters were in place and the inspector reviewed a number of schedule 2 staff files and they contained all of the information required by the regulations.

Staff had completed training and refreshers in line with the organisations' policies and procedures. In addition, they had completed additional training in line with residents' needs. Staff who spoke with the inspector stated they were supported in their role. They were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

The inspector reviewed a number of residents' contracts of care and they contained all the information required by the regulations including charges and additional charges which residents were responsible for in relation to their day-to-day care and support. They had been signed by the resident or their representatives.

Residents were protected by the complaints and compliments policies and procedures in place. There was a nominated complaints officer and systems in place to record, investigate, respond to and follow up on complaints. The satisfaction level of the complainant was also recorded when closing the complaint. There were no open complaints in the centre but residents and staff were knowledgeable in relation to the what to do if there was a complaint in line with the organisations' policy.

Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. However, there were a number of staffing vacancies in the centre. The provider was in the process of recruiting to fill these and attempting to ensure continuity of care for residents in the interim.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. Staff were supported in their roles and were in receipt of regular formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place, which contained all the information required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A suite of audits were being completed regularly and there was evidence that the actions completed following these were positively impacting on residents lives and their home.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose. Each resident had a written contract of care which outlined the care, welfare and support to be provided, the services to be provided and the fees to be charged including additional fees if required.

Judgment: Compliant

Regulation 34: Complaints procedure

There were complaints and compliments policies and procedures in place. There was information on how to make a complaint and whom to make it to, on display in the centre. Residents and staff who spoke with the inspector could describe the

complaints process in line with the organisations' policy.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were monitoring the quality of care and support for residents and striving to ensure that the quality of the service provided for residents was good. The centre was well managed and residents were being supported to take part in activities in line with their wishes and preferences. They were also being supported to make decisions in relation to their day-to-day lives. Through discussion with staff and residents it was evident that residents' potential and independence were being encouraged.

Overall, the inspector found that the centre was clean and well maintained. However, there were a number of areas in need of maintenance and repair including worn areas on the kitchen counters and presses including missing doors, a number of floors which required repair or replacement and a number of light fittings which required fixing or removal. The provider was aware of these areas for improvement and the person in charge showed the inspector evidence that plans were in place to complete the required works.

Residents' personal plans were found to be person-centred. Each resident had an assessment of need in place and personal plan in place. Each of the residents had access to and were meeting with their keyworker regularly to discuss their personal plan, goals and achievements. There was evidence of regular audit, review and update of residents' assessments and personal plans to ensure they were effective. Residents were supported to have an annual review of their support plans yearly with input from the multidisciplinary team.

Residents had access to allied health professionals such as a behaviour specialist in line with their assessed needs. Their plans were reviewed and updated regularly to ensure they were clearly guiding staff to support them. There were a number of restrictive practices in the centre and these were applied in line with national policy and evidence based practice. There was a restrictive practice register in place and evidence of regular review of restrictions to ensure the least restrictive measures were used for the shortest duration. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs.

Residents were protected by the policies, procedures and practices in relation to safeguarding and protection in the centre. There was a safeguarding register in place and evidence that safeguarding plans were developed and implemented as required. Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation of abuse. They were also knowledgeable in relation to safeguarding plans

in place in the centre.

Residents were protected by suitable arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills.

There was a residents' guide in place which clearly outlined the services and facilities provided in the centre. It also detailed the terms and conditions relating to living in the centre, the arrangements for residents' involvement in the running of the centre, how to access any inspection reports, the procedure for complaints and the arrangements for visitors.

Regulation 17: Premises

Overall, the centre was clean and well maintained. However, there were a number of areas in need of maintenance or repair as outlined in the main body of the report. The provider had plans in place to complete the required works.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information required by the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Fire evacuation procedures were on display and residents had personal emergency evacuation plans in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were found to be person-centred and each resident had access to a keyworker to support them to develop their goals. They had an assessment of need and a personal plan in place in line with their identified need. There was evidence that these were reviewed as necessary in line with residents' changing needs and to ensure they were effective.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to allied health professionals in line with their assessed needs. Support plans were developed and reviewed as required. Restrictive practices in the centre were applied in line with national policy and evidence based practice. Staff had access to relevant training and refreshers to support residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by appropriate polices, procedures and practices in relation to safeguarding. Staff had access to appropriate training and were knowledgeable on their responsibilities in relation to safeguarding. Safeguarding plans were developed and implemented as required.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Liffey House OSV-0003378

Inspection ID: MON-0024946

Date of inspection: 01/07/2019

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. In line with Regulation 15: Centre management carried out interviews on the 10.07.19 and hired one fulltime staff and one part time. The part time staff started working in the Centre on the 29.07.19 and the fulltime staff will do their first day on the 17.08.19. There is also a fulltime staff transferring internally to the Centre and they will start on the 12.08.19. 2. These recruitments will mean that all vacancies identified during the inspection will be filled by the 17.08.19.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. In line with Regulation 17: As identified in the body of the report the kitchen and various flooring requires replacing, this will be completed by the 23.08.19.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	18/08/2019
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	24/08/2019