



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

## Issued by the Chief Inspector

Name of designated centre:	Liffey House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0003378
Fieldwork ID:	MON-0031804

## About the designated centre

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

Liffey House is a community based residential centre for adults with disabilities. The premises is a detached bungalow located close to a small village in County Kildare. Residents have access to vehicles to support them to access their local community. 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 up to four residents reside. Care is provided to both male and female adults some of whom have autism and mental health support 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 employed in a full-time capacity. They are supported by two deputy team leaders and a community nurse who works across a number of centres and has oversight for the healthcare needs of the residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## 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
Thursday 11 March 2021	10:00hrs to 15:00hrs	Thomas Hogan	Lead
Thursday 11 March 2021	10:00hrs to 15:00hrs	Gearoid Harrahill	Support

## What residents told us and what inspectors observed

From speaking with and listening to residents and from what the inspectors observed, it was clear that this was a well run centre which provided specialised care and support of a high standard to those who were availing of its services. There were clear examples to demonstrate that residents were supported in a person-centred manner and the personal rights of the resident group were considered on an ongoing basis. Residents told the inspectors that they were happy living in the centre, felt safe and were enjoying a good quality of life.

The inspectors met with four residents who were availing of the services of the centre at the time of the inspection and spent time chatting with two residents. Both were engaging in daily activities including preparation of a meal and carrying out chores. The residents informed the inspectors that they liked living in the centre, knew the staff team very well and had good friendships with each other. They told the inspectors about where they were from and how they were supported to maintain contact with their families and friends and explained the impacts of the COVID-19 restrictions on their daily lives. The inspectors observed that there was a calm environment in the centre and the relaxed or low arousal ambiance was supportive of the collective needs of the resident group.

In addition to meeting and speaking with residents, the inspectors received four completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident stated that they wished for "...nothing to change in the centre", while another provided positive comments about the staff team stating "The staff in my experience are they best they can be. I know them well and they are like my friends".

The inspectors also spoke with two family members by telephone as part of the inspection. Both explained that they were very happy with the service which their loved ones were in receipt of and were very complimentary of the staff and management teams. In both cases, the family members explained how their lives and the lives of the residents had improved as a result of the support and care received in the centre. One family member stated that they "couldn't sing the praises of the staff team enough"

The premises of the centre were homely, warm, well maintained and decorated to a high standard. The centre was clean throughout and provided for a comfortable living environment for residents. There was a large landscaped garden to the rear of the property which allowed for outdoor dining and included relaxation areas and patio spaces. Each resident had their own bedroom and these were decorated in line

with their personal tastes and preferences. The centre was accessible on the ground floor through wheelchair ramps and there were sufficient numbers of bathrooms, showers and toilets.

It was clear to the inspectors that the residents enjoyed a good quality of life. The residents told the inspectors that their lives had been enhanced through the supports provided in the centre. While there was a significant impact on the normal routines and activities enjoyed by residents as a result of COVID-19 related restrictions, they enjoyed a range of activities including running and jogging in the local area, preparing meals, arts and crafts, watching movies, playing computer games and listening to music. Before the pandemic residents were engaged in additional activities such as attending day services, partaking in voluntary work, supporting the Special Olympics, attending the local gym, and going on outings and visits home. While the residents understood the reasons for the restrictions on these activities, they told the inspectors that they looked forward to re-engaging in these types of social interactions in the near future. One resident told the inspectors how partaking in a work placement in a poly-tunnel and horticultural setting had particular significance for them and how they really looked forward to getting back to that once the restrictions relating to the pandemic were lifted.

While there was significant use of restrictive practices in the centre, it was clear that the residents were consulted with about these and had consented to their use. There were weekly resident forum meetings being held and the agenda for these included a wide range of topics including menu planning, changes in the centre, concerns and compliments, referral of any issues to the organisation's self-advocacy group, policies and procedures, residents' rights, safeguarding, COVID-19, restrictions, HIQA inspections and facilities. Staff members were observed knocking on bedroom and bathroom doors before entering and speaking about residents in a sensitive and respectful manner. The staff members were very knowledgeable of the needs of residents and were clear on their roles. The residents were observed to be very comfortable in the presence of staff members and enjoyed their company and interacted with them with ease.

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

## Capacity and capability

This centre was well managed and operated and there was good oversight of the care and support being delivered to residents. The findings of the inspection were very positive and there was clear evidence to demonstrate that high quality services were being provided in the centre.

The inspectors found that there was effective leadership in place in the centre and

through the supports of the registered provider there were appropriate arrangements in place for the governance and management of the centre. All the regulations inspected against were found to be compliant and it was clear that the registered provider was supporting the person in charge and staff team to develop good knowledge of the requirements of the regulations and national standards. The centre was well resourced to meet the individual and collective needs of the resident group it was supporting and there was a competent and motivated workforce employed. There were clear management structures in place and developed and effective management systems had been implemented to allow for good oversight of the care and support which was being delivered to residents.

A review of staffing arrangements found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the needs of the residents who were availing of its services. There was clear evidence to demonstrate that there was continuity of care and support which had a positive impact on the resident group. The staff team had developed very positive and warm relationships with the residents and knew their needs and support requirements.

There were significant levels of training and development in place for staff members. A review of training records found that all staff had completed the training outlined as required by the registered provider. There was a range of additional training completed in areas surrounding the individual needs of residents including emotional support and mental health. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members.

The inspectors reviewed the arrangements in place for the management of complaints and found that there was a culture of welcoming feedback from residents and their families with a view to the ongoing development and improvement of the services. Family members spoken with complimented the staff team on their quick response to issues raised and noted that the identified contact person system used was very helpful. There was a complaints management policy in place (dated June 2018) and there were easy read procedures on display to support residents to make a complaint if required.

#### Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre and a review of their qualifications and management experience found that they met the requirements of the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner due the centre employing appropriate number of staff members with the right skills.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of residents.

Judgment: Compliant

### Regulation 22: Insurance

There was appropriate insurance in place against risks in the centre including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The inspectors found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose (dated March 2021) was reviewed by the inspectors and was found to contain all requirements of Schedule 1 of the regulations.



Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspectors found that the registered provider had developed and implemented effective systems for the management of complaints in the centre.

Judgment: Compliant

## Quality and safety

The inspectors found that residents were in receipt of care and support of a high standard which was based on a person-centred approach. There was a culture present in the centre which, despite the high levels of use of restrictive practices, considered the individual rights of residents.

The inspectors completed a review of the arrangements in place for the management of risk and found there were developed systems in place to ensure that risk was identified, assessed, controlled and escalated where necessary. There was good oversight of risk and the person in charge had ensured that identified risks were regularly reviewed. There was a comprehensive risk register maintained and incidents, accidents and near misses were trended on a regular basis. There was a risk management policy in place (dated November 2020) and a review of a sample of risk assessments found that listed control measures were in place at the time of the inspection.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspectors. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and

correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

Fire precaution measures were reviewed by the inspectors who found that there was a fire alarm and detection system in place along with appropriate emergency lighting. These systems were maintained and serviced on a regular basis by the registered provider. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There were satisfactory fire containment measures in place and emergency exit routes were observed to be clear of obstruction on the day of the inspection. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency.

The inspectors found that residents were appropriately protected and safeguarded from experiencing abuse in the centre. The staff team and person in charge were knowledgeable of the different types of abuse and the actions required to be taken in response to witnessing or suspecting incidents of a safeguarding nature. It was clear that the management and staff team were ensuring that residents were respected and supported in a dignified manner while availing of the services of the centre. Residents were supported by independent advocates and were informed about their rights and entitlements at resident forum meetings which were held on a weekly basis. Residents had recently learned about the COVID-19 vaccination programme and through social stories were supported to make informed decisions about consenting to vaccination. While there were significant levels of restrictive practices in place in the centre, these were assessed as being in the best interest of the resident group and were implemented with the clear consent of the individuals concerned. The registered provider could clearly demonstrate that the restrictive practices were under ongoing review with the objective of reducing the impact on residents and increasing their autonomy and personal independence.

### Regulation 17: Premises

The inspectors found that the design and layout of the centre ensured that residents could enjoy living in an accessible, safe and comfortable environment.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. Incidents

that occurred in the centre were reviewed and responded to in an appropriate manner.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate actions had been taken by the registered provider to ensure that residents, staff and visitors were protected in the event of a fire in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need, the outcome of which was used to inform associated plans of support which were recorded in the residents' personal plans.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that appropriate healthcare was made available to residents who were supported to make informed decisions in this regard.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge ensured that all staff working in the centre were familiar with the residents' mental health needs and had implemented a positive behaviour support plan that ensure a consistent approach to supporting the residents.

Judgment: Compliant

### Regulation 8: Protection

The inspectors found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and despite the high levels of restrictive practices in place, were supported to exercise choice and control over their daily lives while availing of the services of the centre.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant