



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

Issued by the Chief Inspector

Name of designated centre:	Limelawn Green - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0003065
Fieldwork ID:	MON-0034589

About the designated centre

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

This centre is a community based residential home with the capacity to provide full-time residential care and support to four residents with an intellectual disability. The centre is home to residents with low or minimal support needs. The centre is located in a suburban setting in County Dublin with access to a variety of local amenities such as shops, a local shopping centre, bus routes, and local churches. The premises is a semi-detached, five bedroom house which provides adequate private and communal space for residents. Residents in the centre are supported by a staff team comprising of a person in charge and social care workers. Residents are supported by a sleepover staff and have some additional staffing support during the day. All four residents normally attend day services four days a week and enjoy a prearranged day off, however, during the period of the COVID-19 pandemic these days have been reduced for some residents while others are receiving a temporary day service from within the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 24 July 2024	09:10hrs to 17:45hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was evident that residents in the centre were well supported by a small and dedicated staff team. The inspection found that overall, residents were in receipt of person-centred support which promoted their rights. However, there were significant compatibility issues which were having a negative impact upon residents' rights and lived experiences in the centre. Improvements were required in Regulation 5: Individualised Assessment and Personal plans, and in Regulation 9: Residents' Rights. These are discussed in the body of the report below.

The designated centre is a four-bedroomed house in a housing estate in west Dublin. It is home to four residents who present with support needs related to intellectual disabilities, ageing and mental health conditions. Downstairs, the house comprises a sitting room, a kitchen and a resident's bedroom. There is also a toilet on this floor. Upstairs, there are four bedrooms - one which is used as a staff sleepover room and office and the other three are resident bedrooms. One of the residents has an en suite bathroom and the other residents share a bathroom. The house was found to be homely and welcoming. Since the last inspection, the kitchen had been refurbished and one of the residents told the inspector that they liked it better. There were photographs of residents, current and past, on the walls along with tapestries which the residents had completed. Residents' bedrooms were personalised to their taste, and contained adequate space for them to display and store their personal possessions.

The inspector had the opportunity to meet with three of the four residents on the day of the inspection. The fourth resident was on holiday. Residents communicated using speech, body language, eye contact and gestures. One resident required staff to support them as their speech was at times difficult to understand for unfamiliar communication partners. The inspector found there to be a warm and friendly atmosphere in the house, and that interactions were relaxed and familiar. It was evident that the residents and staff were comfortable in one another's company.

On arrival, three of the residents were awaiting their transport to go to their day services which they attended between two and four days each week. Each of the residents showed the inspector their bedrooms which were found to be personalised to suit them. There were photographs, certificates of achievement and activities such as jigsaws, tapestries, games and some residents had tablets and televisions. Residents spoke about their daily activities which included going to work, doing sports with the Special Olympics, bowling and family visits. One resident spoke about an upcoming trip to spend time with their family for a couple of weeks which they were looking forward to. Another resident spoke about their family and speaking with them regularly. It was evident that residents were supported to maintain relationships with family members, and they were in touch with relatives on a regular basis. Residents in the centre enjoyed activities such as bowling, going out for drives, having meals out and going shopping. Later in the day, residents greeted

the inspector on their return from their day service and were observed getting lunches organised for the following day. When the inspector was leaving, residents were sitting down to their evening meal together.

Residents in the centre presented with a variety of complex and diverse health and social care needs. Due to the diverse nature of residents' needs, compatibility of residents was an ongoing issue in the centre. There had been a number of peer-to-peer incidents reported to the Office of the Chief Inspector in the twelve months prior to the inspection taking place. The provider had responded by putting additional staffing measures in place, and a safeguarding plan. While this plan was maintaining the safety of all residents, and was effective in doing so, residents' rights to freedom of movement around their home were negatively impacted. For example, one of the control measures was for the kitchen to be used as a space where a resident could have 1:1 time with a member of staff. However, due to safeguarding concerns, other residents were not able to access the kitchen at the same time as this resident. The residents could no longer go out as a group, which again had impacted upon residents' rights. Another measure was for a staff member to discreetly 'shadow' a resident. However, this was reported to have a negative impact upon their anxiety levels and their right to privacy.

The inspector saw complaints from family members in relation to ensuring suitable placements for all residents in the house, and advocating for their relatives to be provided with more suitable living arrangements to ensure they were safeguarded, and that their needs were able to be met in their home. One family member stated that they wished for their relative to be able to "live in peace", while another stated that they had concerns about the impact of safeguarding incidents on their relative. Residents had also made complaints in relation to peers invading their privacy and about the noise levels of other residents. One resident said *"I want a happy home"*. The inspector had the opportunity to speak with two families over the phone, they had received a letter from a family and had further discussions with staff members. Overall, residents and families reported that they were happy with the care and support provided in the centre. One family member said *"Its her home now for sure and I'm happy staff know her so well."* Another described the care as "perfect and exemplary". However, both families, staff and residents expressed concern and dissatisfaction at the current compatibility issues in the house and the impact that safeguarding incidents were having on residents.

Staff had completed training in a human rights-based approach to health and social care. It was evident that staff promoted and upheld residents' rights in a number of areas. For example, staff had supported residents to make complaints in their home. One residents' right to independence in relation to their finances was upheld , while also supporting them to learn about online shopping. For other residents , their right to be consulted with , and to participate in their home were promoted through residents' meetings and meetings with key workers in relation to their person-centred plans.

In summary, residents in the centre were found to be well supported and cared for in their home. However, the current living arrangements in the centre were not suited to this group of residents due to their diverse needs. The next two sections of

the report present the findings in relation to the governance and management arrangements in the centre, and how these arrangements affected the quality and safety of the care and support being delivered to residents.

Capacity and capability

This was an announced inspection which took place to monitor compliance and to inform a decision about an application to renew the registration of this centre. As outlined at the opening of the report, there were ongoing concerns in the centre in relation to compatibility and safeguarding in the centre. Improvements were required in two regulations: Regulation 5: individualised Assessment and Personal Plan and Regulation 9: Residents' Rights.

The inspector found that the provider had a clear management structure in place which outlined roles and responsibilities of each member of staff. Staff reported to the person in charge, who in turn reported to the person participating in management and they reported to the service manager. The provider maintained oversight of the service through the six-monthly unannounced provider visits, the annual review and from any information escalated by the person in charge and the management team. Day-to-day oversight was the responsibility of the person in charge. They carried out a number of audits and checks on different aspects of the service to ensure it was of good quality. These are described in more detail under Regulation 23: Governance and Management below.

The provider had ensured that there were an appropriate number of staff on duty each day who had the required skills to best support the residents. Vacant shifts were filled by regular relief staff and staff working in the centre to enable residents to enjoy continuity of care. Staff were found to have access to training relevant to their roles. This is detailed below.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed the documents submitted by the provider with their application to renew the registration of the centre. All prescribed information was provided in line with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the person in charge's Schedule 3 information and found that the person in charge met regulatory requirements in relation to their qualifications and their management experience. The person in charge had worked in the centre for over twenty years and had in-depth knowledge of each of the residents and their assessed needs. They had good systems in place to continually monitor and oversee the service.

Judgment: Compliant

Regulation 15: Staffing

The inspector completed a review of rosters for eight weeks prior to the inspection. They were found to be well maintained. Two staff had left employment in the centre in the months prior to the inspection. The provider had successfully recruited a new member of staff who was due to commence in the centre the week following this inspection, while another staff member had increased their hours.

Vacant shifts were covered by relief staff and it was evident that the provider was endeavouring to provide residents with continuity of care by using regular relief as much as possible, in addition to staff who already worked in the house doing additional hours.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector viewed the staff training matrix in the centre and found that the person in charge maintained good oversight of staff training and those requiring refresher training. A record of training completed by any relief staff who had completed shifts in the centre was also kept on site. 100% of staff had completed mandatory training in fire safety, food safety and safeguarding. Staff had also completed training in areas related to infection prevention and control (IPC), the safe administration of medication and food safety. A number of staff were in the process of completing training in managing behaviours of concern. Staff had completed training in a human rights-based approach to health and social care. As outlined at the beginning of the report, it was evident that a person-centred approach to care was delivered in the centre, and that residents' choices were supported and upheld. Staff were noted to advocate on behalf of residents, and to support them to make complaints where they raised them.

The inspector viewed a sample of supervision notes for three staff members. There were supervision agreements in place and sessions covered key aspects of staffs' work including training and any areas of concern. Supervision sessions were found

to be completed in line with the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that overall, the provider had management systems and structures in place to monitor and oversee the service, and that they had identified areas requiring improvement which were found on this inspection. They were in the process of putting suitable measures in place to improve all of the residents' living arrangements.

The provider had carried out an annual review and two six-monthly unannounced provider visits in line with regulatory requirements. The inspector reviewed these documents and found that they were identifying areas requiring improvement. The person in charge maintained an action log to maintain oversight of actions and to ensure they were progressed in a timely manner. The inspector noted that many items had been closed off at the time of the inspection.

At centre level, the person in charge was responsible for a suite of audits to ensure that key service areas such as care plans, medication, finances, infection prevention and control and health and safety were regularly audited and actions taken where they were required. Similar to the provider audits, it was found that where areas requiring improvement were identified, these were found to be progressed in a timely manner.

Information sharing occurred in various ways to ensure that staff, the person in charge and the management team were kept informed of any specific changes to residents' needs, incidents and accidents, risk and safeguarding, in addition to sharing learning across the organisation. Staff meetings took place each month and a review of the minutes showed that there were set agendas in place which included resident updates, complaints, safeguarding and infection prevention and control. The inspector also reviewed minutes from social care leader meetings which took place on a monthly basis. These meetings covered a number of different areas and included sharing information about service development and other service areas, which in turn were shared with staff. The person in charge and person participating in management met formally once a month to review key aspects of the service such as incidents and accidents, tracking actions from audits and provider visits.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the Statement of Purpose for the centre which the provider submitted prior to this inspection taking place. The statement of purpose met regulatory requirements and was found to reflect the facilities and service which the centre provided.

Judgment: Compliant

Quality and safety

The inspector found that residents' care and support was of high quality and person-centred. It was evident that residents were having a good quality of life and living in a comfortable home. However, compatibility, safeguarding and residents' rights were areas of concern, and these are discussed below.

Residents had individual needs and preference assessments carried out and the provider had identified that a resident required single occupancy living to meet their assessed needs, and to respond to their expressed will and preference. The provider gave assurances on measures they were taking to progress this as quickly as possible. Residents were supported to enjoy best possible health and had access to a wide range of health and social care professionals.

As outlined above, there were a number of safeguarding incidents which had occurred in the centre. The provider had taken measures to ensure the immediate safety of all residents including additional staffing and separating residents at particular times of the day, in the house and also on transport. While this was effective in reducing incidents, it was having a negative impact on residents' rights. This is discussed further under Regulation 8: Protection and Regulation 9: Residents' Rights below.

The premises was found to be warm, clean and homely. Residents had their own bedrooms, which had ample space for them to store and display their personal belongings.

There were risk management systems in place to ensure that any risks in the centre were identified, managed and reviewed to ensure the ongoing safety of residents and staff in the centre. This is discussed under Regulation 26: Risk Management below. The inspector found that the provider had put effective fire safety management systems in place which included the provision of suitable equipment, detection and containment systems, and that fire drills were regularly carried out.

Regulation 17: Premises

The inspector carried out a walkabout with the person in charge, and viewed

residents' bedrooms in the company of each resident and found that each residents' bedroom was personalised and reflective of their taste, their life stories and their interests. They had ample space to store their belongings. One resident told the inspector they were getting a new bed, which they were excited about. One of the residents had an en suite bathroom, while the other residents shared a bathroom on the first floor. The kitchen had been newly refurbished, and was found to be more accessible for residents. One of the residents showed the inspector that they now had their own cupboard in the kitchen to store their preferred snacks which was reported to be working well. The premises was found to be clean and warm and had a homely atmosphere.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which was submitted with the provider's application to renew the registration of the centre. This contained all of the information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the provider's risk management policy, safety statement, risk log and risk assessments related to residents. Collectively, these demonstrated that the provider had effective systems in place to ensure that risk was appropriately identified, assessed, managed and reviewed, including a system for responding to emergencies. The person in charge maintained oversight of risks using a risk log. Risk assessments were in place for each resident, and these were regularly reviewed and in line with their assessed needs and any incidents or accidents which had occurred.

Incidents and accidents were trended for each individual, and for the centre on a regular basis, and any required actions were discussed at handovers or at staff meetings. This ensured that any learning or actions to mitigate future occurrences were shared with all staff.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk about of the premises and reviewed the fire folder in the centre. The house had fire doors with swing closers installed, fire fighting equipment, smoke alarms, emergency lighting and a panel in place. Daily, weekly and monthly checks were carried out on relevant equipment in the centre, with servicing and maintenance records also kept. These were found to be in date.

The inspector viewed the personal emergency evacuation plans in place for residents and found that these had been recently reviewed. There had been six fire drills carried out in the centre in the months prior to the inspection taking place. These demonstrated reasonable evacuation times.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of three residents' care plans and their individual needs and preferences assessments. For one resident, the provider had identified that the current living environment was not suited to the residents' assessed needs. This had been discussed by the multidisciplinary team and documented by medical consultants, and a recommendation was made for the resident to live in a single-occupancy unit. The provider had carried out a review of compatibility of residents in the centre and made onward referral to the provider's admission, transfer and discharge committee to seek a more suitable placement. The provider gave assurances to the inspector and provided documentary evidence of actions which had been taken and those which were in progress to address this need to find more suitable living accommodation for this resident.

Judgment: Not compliant

Regulation 6: Health care

A review of three residents' care plans demonstrated that residents had access to a range of health and social care professionals including a general practitioner, a psychiatrist, occupational therapy, physiotherapy, speech and language therapy. Residents had health action plans in place and records of appointments attended were kept. Hospital passports were also available with key information on residents' preferences and needs in the event of an emergency transfer to hospital.

Residents were provided with access to information about health care and health care interventions. For example, the inspector viewed information on national screening programmes such as BreastCheck, and information on women's health in relation to the menopause and hormone replacement therapy. It was evident that

residents were supported to give consent to healthcare interventions. Staff discussed how they had supported a resident to give consent to a healthcare intervention recently, and had informed medical staff about the residents' rights to make their own decisions in line with the Assisted Decision Making (Capacity) Act, 2015.

Judgment: Compliant

Regulation 8: Protection

As outlined at the beginning of the report, there had been 17 notifications submitted to the Office of the Chief Inspector relating to peer-to-peer incidents in the centre. These related to psychological incidents, and some physical incidents between peers.

The inspector reviewed these notifications, documentation submitted to the HSE and the minutes of associated multidisciplinary meetings. The inspector found that the provider had put measures in place to ensure the ongoing safety of residents on a day-to-day basis. This included having an additional staff member on duty, reducing the number of residents in the kitchen at a time, and residents being supported to use transport separately.

It was reported that the safeguarding measures in place were working to reduce the time spent by residents together at key times of the day which were identified as difficult. While these measures were effective for the short-term in keeping all residents safe and to minimise distress for all residents, there was a need for a more suitable long-term plan to ensure that the plan did not have an ongoing negative impact on the rights of residents in their home.

The inspector reviewed a sample of three residents' intimate and personal care plans and found that they contained adequate detail to ensure that staff supported residents in line with their assessed needs, and in a manner which upheld their rights to privacy and dignity.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in the centre were found to be supported to advocate for themselves and to make choices and decisions in relation to their daily routines, their mealtimes and their care and support. Residents were supported to access information to promote their right to being given information in a way that was easy to understand. However, due to the circumstances in the house on the day of the inspection, the

inspector found that each of the residents' rights were negatively impacted in some way due to incompatibility.

For example, one of the measures outlined in a safeguarding plan was to utilise the kitchen to enable a resident have quiet 1:1 time with staff. When this was happening, the kitchen was not accessible for other residents unless necessary. This impacted on their right to freedom of movement in their home.

Another measure was to have an additional staff member in place to support a resident. While this was effective as a safeguarding measure, it was reported that this at times increased that residents' anxiety, thus impacting on their right to privacy. Some residents had complained about their peers and noise in the house, with one resident saying that it made them "on edge". Families expressed concern that this was unsustainable for their relatives

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Limelawn Green - Community Residential Service OSV-0003065

Inspection ID: MON-0034589

Date of inspection: 24/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Provider has identified that the designated center does not meet the needs of all supported individuals. The provider has engaged with external agencies to source an alternative living arrangement for one individual. A property has been acquired. The provider will support one individual to transition when the property is made available from the housing authority.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The PIC/ PPIM with the support of the rights officer will ensure that all individuals have the freedom to exercise choice and control within their home.</p>	

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 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2025
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/09/2024