



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

Issued by the Chief Inspector

Name of designated centre:	Lios Mor
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	06 October 2023
Centre ID:	OSV-0004745
Fieldwork ID:	MON-0040859

About the designated centre

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

Lios Mor consists of a large purpose one storey building located in a rural area but within short driving distances to some towns. The centre provides full-time residential support for up to 10 residents of both genders over the age of 18 with intellectual disabilities. Ten resident individual bedrooms are provided with four shared en suite bathrooms for eight of these bedrooms. Other facilities available for residents include a living room, day-dining room, a kitchen, bathrooms and a staff office. Support to the residents is provided by the person in charge, nursing staff and care assistants. At the time of this inspection the provider had applied to add a second building to the footprint of the centre. This second building was located on the same grounds and if added would increase the capacity of the centre by one.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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
Friday 6 October 2023	16:45hrs to 00:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents generally appeared happy in the centre and the residents who spoke with the inspector did give positive feedback. The centre where residents lived was well presented and storage had improved since the previous inspection. A number of positive interactions were seen between staff and residents although some instances were noted that did impact the rights of residents.

Ten residents were living in this centre, all of whom were present in the centre on the day and night of the inspection and met by the inspector. While some residents did not communicate verbally or did not directly interact with the inspector, he did speak with some residents while also having an opportunity to observe residents in their environment and in their interactions with staff members. Given the findings of a previous inspection of this centre by the Chief Inspector of Social Services in May 2023, the current inspection was purposefully started at a later time to allow more opportunities for observations of practices and interactions in the centre.

During weekdays six of the 10 residents generally attended a day services operated by the provider in the locality while the remaining four residents were supported from the centre. When the inspector arrived to commence the inspection, all residents were back in the centre including those who had returned to the centre from their day services earlier in the day. Upon entering the inspector was introduced to seven residents by one of the staff members on duty. Some of these residents greeted the inspector and later on such residents were overheard being informed by staff about a 'Nice to meet you' document which explained who the inspector was. One of these residents asked the inspector how he was and then indicated that they were getting on well when asked by the inspector.

This resident said that they had been at work earlier in the day and that they had liked this. They also mentioned that another resident had "kicked off" on the bus home from day services and needed to be in their bedroom. This other resident was in their bedroom when the inspector initially arrived and a staff member later told the inspector that this other resident had been off-form that day. The inspector was also informed that there had been some recent incidents of this resident being aggressive with staff and the provider was exploring the supports for the resident. One possible reason put forward for such incident was the potential return of a former resident to the centre with whom there had been some previous safeguarding concerns.

At the time of the current inspection, the centre was made up of one building that had a capacity for 10 residents. In the months leading up to this inspection the provider had applied to the Chief Inspector to increase the capacity and footprint of the centre by adding a second building to the centre. This second building was located right beside the existing centre and was intended to provide a home for one resident while also offering some staff facilities. The inspector viewed this second building and observed it to be nicely presented and provided with appropriate fire

safety systems. It was the intention of the provider for this second building to be used by a former resident who had transitioned away from the centre in April 2022. However, it was unknown at the time of this inspection if this former resident would ultimately return.

Aside from the proposed second building, the inspector also reviewed the existing premises provided for the 10 current residents. In general, it was seen that this was presented, internally and externally, in a clean, well-furnished and homelike manner although some flooring in a laundry room did appear damaged which was also seen during the May 2023 inspection. Storage of items within this premises did appear to have improved since that inspection with a new storage press installed in a bathroom and a new external shed for storage also having recently put in place. One of the centre's sluice room was noticeably far less cluttered than the May 2023 inspection but the inspector did observe some boxes stored in a second sluice room including in a sink there.

Communal areas within the centre included a living room and a day-dining room. All 10 residents had their own individual bedrooms with eight of these having access to shared en suite bathrooms while another bedroom had its own en suite bathroom. The inspector saw some of the resident bedrooms had noted them to be nicely decorated and furnished with such bedrooms having facilities for residents' personal belongings to be stored. It was indicated by one staff member that a resident had a person-centred planning goal to do up their bedroom which was currently being worked on. At one point while the inspector was reviewing the premises provided for residents, a different resident came out their bedroom with their walking aid. The inspector greeted this resident having not met them earlier.

The resident extended their hand and when the inspector shook the resident's hand they held onto to the inspector hand as they moved from their bedroom to the centre's communal areas. When this resident arrived at the living room they were encouraged by staff present to sit down on an armchair and then let go of the inspector's hand. The resident appeared calm during this interaction. Shortly after the inspector was informed by a staff member that another resident had requested to speak to him. With the support of this staff member, the inspector accompanied the resident to their bedroom. On arrival there the inspector asked the resident if they wanted to keep their bedroom door open or closed. The resident indicated that they wanted to shut the bedroom door so the staff member remained outside while the inspector spoken to the resident.

The resident initially was quiet once their bedroom door was closed. As such the inspector asked the resident if it was okay if he asked them some questions. The resident said that it was and in responses to the questions asked by the inspector indicated that they felt safe living in the centre, liked the staff and enjoyed living in the centre. When asked what they enjoyed about living in the centre, the resident did not respond. The inspector also asked the resident if they were unhappy about anything or if there was anything else that they wanted to tell or show the inspector. Again the resident did not respond to these questions. After this, the resident was not met again but at one point they were heard becoming vocal briefly

in a communal area before being reassured by a staff member.

Overall, the atmosphere in the centre during the inspection was generally calm. Although, when reviewing incident records in the centre, the inspector noted that there had been some instances where some residents were recorded as shouting or screaming. Some of these had resulted in safeguarding processes being followed as will be discussed further elsewhere in this report while for other instances it was recorded that other residents were not impacted. However, in some incident reports there was reference to some residents screaming or shouting loudly including one occasion where a resident was recorded as shouting for more than 90 minutes. It was not initially clear if other residents were impacted or not by these instances. These were queried with the person in charge following the inspection who indicated that other residents had not been impacted by these incidents.

No such instances of shouting or screaming was heard during this inspection but the Chief Inspector was subsequently notified of an incident that had happened the day following the inspection where the shouting of one resident had impacted a peer. Given the impact on the latter resident, this incident was regarded as a safeguarding incident. During the inspection though it was seen that most residents spent their evening together in the communal areas of the centre. Throughout the evening music was playing in the living room and one of the residents told the inspector about an upcoming concert that they were going to with their family which they were looking forward to. Some residents seemed to enjoy her music that was playing the living room particularly when a staff member sang along with some of the songs playing. Aside from this during the course of the inspection, numerous examples were observed and overheard of staff members on duty being pleasant, respectfully and warm in their interactions with residents.

These included one staff member asking a resident how they were, another staff member pointing out a cat to a resident that walked past a window and a third staff member promptly responding to a request made by a resident to pick up their pillow. There was also indications that residents were offered choice. For example, at one point a resident was asked if they wanted to move from the day-dining room to the living room. The resident declined this move which was respected so the staff member sat with the resident for a period. On another occasion a resident was overheard being asked where they wanted to watch the Late Late Show that was on that night. Watching this show was earlier described to the inspector as being a religion for the resident. The resident indicated that they wanted to watch it in their bedroom and this was supported.

Residents were also seen to appear comfortable in the presence of staff members and the person in charge. At one point a resident came into the staff office and was smiling when interacting with the person in charge. The same resident had earlier shown the inspector a photo album they had which had photos of the resident and a relative in it. The resident appeared proud of this photo album and smiled regularly when showing it to the inspector. Other residents were also seen smiling during the course of the inspection including one who smiled whenever they were greeted by the inspector. On another occasion a different resident was asked if they wanted to meet the inspector as they walked by the staff office. The resident then shook the

inspector and was asked by staff if they wanted to speak to the inspector. The resident indicated that they did not and seemed quite happy about this.

As the inspection moved into its final hours, residents were supported with personal care such as showering and/or to go to bed. Residents were overheard being asked if they wanted to go bed and the residents' choice in this was respected. On one of these occasions, after being asked a resident indicated that they wanted to go to bed. The resident was then encouraged to say good night to the other residents present which they did. While the inspector was conducting this inspection he was present during some staff changes whereby some staff left and were replaced by other staff. When some of the departing staff were leaving the centre it was noted that they said goodbye to the residents. This included one staff member going to all 10 residents individually and informing them that they would see them for a few weeks as they were going for holidays. One resident was seen to hug the staff member when told this.

While residents were being supported with their night-time routines it was observed that the staff present were busy with some providing one-to-one support to residents. At one point, the inspector heard a resident calling out for staff from their bedroom intermittently over a 20 minute period although it was acknowledged that the presence of the inspector at this later time could have impacted where staff positioned themselves at this time. The resident did not appear distressed but on two occasions appeared to express frustration when staff did not respond by saying "will someone...answer me" and "I give up". After the latter comment a staff member was seen walking in the direction of the resident's bedroom but it was unclear if the staff member attended to the resident as very quickly after this the resident again began calling for staff. As the inspector was unsure if any staff had responded to this resident in this period, he highlighted this to two staff who were present in the kitchen area of the centre.

Both of these staff immediately went to the resident's bedroom and shortly after a third staff also went to the resident's bedroom after finishing helping a resident with personal care. One staff member indicated that the resident had been looking for their handbag. Another staff member also indicated that they had been busy supporting another resident with personal care during this period but had gone to the resident twice during this time. On the first occasion (which appeared to correspond with the staff member the inspector saw walking towards the resident's bedroom) they said that they had given a tissue to the resident which they had been looking for. The second occasion described by this staff member happened after the inspector had alerted staff to the resident's calls.

The inspector did not hear the resident calling for staff again for the remainder of the inspection. During the course of the same period, the inspector noted that a resident was receiving a shower in a communal bathroom with support from a staff member. This resident's intimate personal care protocol indicated that the bathroom door was to be closed when the resident was being assisted with showering. Despite this the bathroom door was left open while the resident was showering. The staff member later indicated that this was because the resident was teary and not as familiar with this staff member. This staff member was overheard to be pleasant with the

resident during the time when the bathroom door was left open. After this period and as the inspector was completing the inspection, staff were seen doing some cleaning or paperwork while all 10 residents were in bed. It was seen though that six resident bedrooms doors were left open.

It was indicated by a staff member present that three residents wanted this, one resident could be upset by a closed door while bedroom doors were left open for the other two residents for safety reasons. This was queried with the person in charge following the inspection and it was subsequently indicated that four residents had verbalised to staff that their preference was for their bedroom doors to remain open at night. A fifth resident, who had the ability to verbalise, had not previously been asked their preference around this but, after the observations of the inspector, was asked and indicated that they wanted their bedroom door to remain open. This resident and the sixth resident were the residents who were indicated as needing their bedroom doors left open for safety reasons. Despite this, it was confirmed that neither resident had any risk assessment in place relating to their bedroom doors being left open at night.

In summary, while the inspector did note some instances which did impact residents' rights, he also saw a number of respectful and warm interactions between staff and residents. All 10 residents were met and, while some did not interact directly with the inspector, residents did appear happy and comfortable with staff while also giving some positive feedback. The atmosphere was generally calm during the inspection but there were some incidents where residents were recorded as screaming and shouting.

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

There was evidence of improved oversight and supervision compared to the previous inspection in May 2023. This contributed to an improved level of compliance overall although regulatory actions were found in some areas.

Three inspections of this centre in September 2020, January 2022 and May 2023 had identified repeated regulatory actions in safeguarding and the notification of specific matters to the Chief Inspector. The May 2023 inspection in particular raised further concerns around safeguarding, oversight and the supervision of staff practices at certain times. Concerns were also identified around the provider's sharing of learning from inspections from some of their other centres in Co. Limerick related to safeguarding. In light of this a cautionary meeting was held with the provider in June 2023 during which such concerns were highlighted to the provider. Following this the provider submitted a compliance response to the May 2023

inspection but the content of this lacked assurances in number of areas. As such the provider was requested to submit in a revised compliance plan response to provide assurances to the Chief Inspector. The response received outlined specific actions that the provider was going to take to come into compliance and was accepted.

Since then the provider had submitted a complete application to the Chief Inspector seeking to renew the registration of the centre for a further three years until January 2027. In doing so the provider had also applied to increase the maximum capacity of the centre by one by adding an additional building to the centre. The purpose of this inspection was to inform a decision on whether to renew the registration of the centre and to assess if the provider had implemented its stated actions from the revised compliance plan response for the May 2023 inspection. Overall, this inspection that the provider had implemented such actions. This resulted in improved oversight and supervision of staff practice with management of the centre conducting unscheduled visits to the centre at varied times. The person in charge, who had been appointed just before the May 2023 inspection, had also altered their shift pattern to be present in the centre at different times of the day. This allowed for increased informal supervision of staff practice. Formal supervision was also taking place although the inspector did note some gaps in this. On-call arrangements were in operation to provide out-of-hours support for staff also but some of the information about this on display during the inspection needed updating.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of the centre in a timely manner with all of the necessary documentation also provided.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was appointed for this centre. The person in charge was responsible for this centre only and worked full-time. The person in charge attended for part of this inspection and during this demonstrated a good awareness of the operations of the centre. They also ensured that all requested information and documents were provided during the inspection process.

Judgment: Compliant

Regulation 15: Staffing

Staffing was generally in accordance with the needs of residents and the centre's statement of purpose. While acknowledging the general staffing challenges affecting the health and social care sector generally, it was highlighted that there had been some occasions where staffing levels could be lower due to short-notice leave. According to the centre's statement of purpose, nursing staff was to be provided 24 hours a day but during the inspection it was indicated that on the week of this inspection there had been one night shift where no nurse was on duty. In addition, during the May 2023 inspection it was highlighted that a relevant risk assessment around support residents' activities outlined additional staff needed as a control measure. During the course of this inspection process it was indicated that this risk assessment remained active. Discussion with staff and a review of staff rosters indicated that a consistent staff team was in place to support residents. Staff files were not reviewed during the course of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Information and documents provided during the inspection process indicated that all staff had completed relevant training but a training matrix reviewed indicated that one staff member was overdue refresher training in safeguarding. It was subsequently indicated that this staff member had completed refresher safeguarding training in the days following this inspection. Formal staff supervision was to take place quarterly but some staff had not received this during the second quarter of 2023. This was acknowledged by the person in charge who highlighted that this was contributed to by them having only started in their role during that quarter. Most of the staff who had not undergone formal supervision in the second quarter had been formally supervised during the third quarter of 2023. Some staff though had not been formally supervised during the third quarter of 2023. The inspector reviewed records of all formal supervisions that had been completed in recent months and noted that they referenced matters such as safeguarding and training being discussed with staff. Since the May 2023 inspection, the person in charge had varied their shift pattern. This allowed them to be present in the centre at different times of the day which offered increased opportunities for the supervision of staff practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for the centre which contained key

information such as residents' dates of admission to this centre and details of their general practitioners. It was noted though that the directory did not indicate the name and address of any authority, organisation or other body which arranged residents' admission to the centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that the designated centre was appropriately insured with documentary evidence of this submitted to the Chief Inspector as part of the registration application pack submitted.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of increased oversight of the designated and it was seen that management of the centre were making unscheduled visits to the centre outside of normal times three times a month. Records were kept of such visits. Monthly staff meetings were held with separate meetings held on the same day for different shifts. The person in charge attending all such meetings. Notes of these meetings indicated that matters such as health and safety, residents and safeguarding were discussed. A handover document had also been introduced since the May 2023 inspection which provided staff on different shifts with key information relating to residents' health, any incidents that had happened or any safeguarding concerns. A representative of the provider had conducted a six monthly unannounced visit to the centre in May 2023. Such a visit is a specific requirement of the regulations and a record of this visit was reflected in a written report that contained an action plan to respond to any issues identified. There was an organisational structure in place for the centre which set out roles and responsibilities from staff working in the centre to the provider's board of directors. On-call arrangements were in operation to provide out-of-hours support for staff. However, some documentation about these arrangements were found to need updating. These included a sheet for weekend area manager cover ending the weekend before this inspection while for the date of this inspection a separate on-call rota listed the person on call as being 'TBC'. Staff spoken with generally had an awareness of the on-call arrangements but informed provided by one staff member about on-call support differed from one of the documents present in the staff office. Staff members spoken with indicated that there were no barriers to raising any concerns.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

This regulation was not reviewed in full. However, residents should have contract for the provision of services agreed upon their admission to the centre. During the May 2023 inspection it was identified that the contract in place for a resident who had been admitted to the centre during 2022 related to a former designated centre where they lived. During the course of the current inspection process, a record was provided indicating that a new contract had been agreed with the resident in May 2023.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the information required by the regulations and had also been updated to reflect the proposed increased footprint and capacity of the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

One complaint had been recorded in this centre since the May 2023 inspection. This complaint related to an aspect of a resident's day service away from the centre. The person in charge acted on this complaint and engaged with the day services about it. Following this the complaint was closed to the satisfaction of the resident.

Judgment: Compliant

Quality and safety

Improved findings were evident on this inspection relating to areas such as fire safety. This indicated that the provider had responded to the concerns identified by the May 2023 inspection to improve the quality and safety of the services received by residents. However, some regulatory actions were identified relating to aspects of safeguarding and residents' rights.

During the May 2023 inspection it was seen that the centre had appropriate fire safety systems but shortcomings were identified relating to fire drills and evacuation plans. On the current inspection these matters were found to have been satisfactorily addressed. The provider had also taken appropriate steps in response to safeguarding allegations or incidents that had occurred in recent months. Where necessary safeguarding plans were provided. Staff generally demonstrated a good knowledge around safeguarding but there was some variance in information given around the active safeguarding plans that were in effect at the time of this inspection. Such safeguarding plans related to negative interactions between different sets of residents. When reviewing records relating to a safeguarding incident of a different nature, the records suggested that this incident could have been prevented had the organisation of a particular staffing arrangement taken account of a prior concern that had been raised in another designated centre. Aside from this the inspector also sought further assurances around an incident that occurred in May 2023 which impacted the dignity of a resident. While the provider had previously indicated that such matters would be considered as safeguarding concerns, this particular matter had not been regarded a safeguarding concern after review by the provider. Measures had been taken though to prevent reoccurrence.

Regulation 17: Premises

The premises which made up this designated centre in its existing footprint was generally presented in a clean, well-furnished and homelike manner. However, some flooring in a laundry room did appear damaged which was also seen during the May 2023 inspection. The compliance plan response for that inspection indicated that this flooring was to be replaced. Storage of items within this premises did appear to have improved since the May 2023 inspection with a new storage press installed in a bathroom and a new external shed for storage also having been recently put in place. The inspector did observe though some boxes stored in a sluice room including in a sink there. It had been previously indicated to the inspector that this sink was no longer in use.

Judgment: Substantially compliant

Regulation 20: Information for residents

This designated centre had a residents' guide in place which was presented in an easy-to-read format and contained relevant information for residents about the centre. This included details of the services and facilities provided along with the arrangements for complaints.

Judgment: Compliant

Regulation 28: Fire precautions

The designated centre in its existing footprint was provided with appropriate fire safety systems including fire blankets, fire extinguishers, emergency lighting, a fire alarm and fire containment measures. Such systems were subject to testing by external contractors to ensure that they were in proper working while the fire evacuation producers were also on display. The provider had taken appropriate actions to address concerns identified during the May 2023 inspection related to fire safety. These included carrying out fire drills to reflect times when staffing would be at its lowest, updating an overall fire evacuation plan for the centre and reviewing all residents' personal emergency evacuation plans (PEEPs). Two residents had in the past refused to participate in fire drills. This was referenced in the residents' PEEPs which also provided guidance on aids that could be used to support these residents to evacuate in the event that they refused to leave the centre. These aids were found to be in place during this inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans provided for. The inspector reviewed a sample of these and noted that they had been reviewed within the previous 12 months or had been updated to reflect recent developments. Arrangements were in operation for such personal plans to be subject to multidisciplinary support. Person-centred planning was followed to identify goals for residents to achieve. As part of this residents had staff assigned as key-workers whose role was to help residents in such planning and to achieve identified goals. Staff who served as key-workers were aware of the goals residents were pursuing such as going to music events or doing up their bedrooms. The inspector reviewed some person-centred planning documentation for two residents. Following the inspection, more information was requested as to how these the person-centred planning process was progressing for these residents. In response it was indicated that these processes were progressing with further meetings scheduled for these in the month of this inspection.

Judgment: Compliant

Regulation 8: Protection

Safeguarding was recorded as being discussed at formal staff supervisions and monthly staff meetings. Since the May 2023 inspection staff had also received instruction on safeguarding from the provider's designated officer (person

responsible for reviewing safeguarding concerns). Staff spoken demonstrated a good awareness of how they would respond if any safeguarding concerns and were aware of the identity of the designated officer. The inspector was informed that there were two active safeguarding plans for this centre. Both of these related to negative interactions between different sets of residents. Most staff spoken were aware of both safeguarding plans and the measures to take to prevent re-occurrence. However, one staff member only referenced one of these safeguarding plans when spoken with by the inspector. Since the May 2023 inspection there had been some safeguarding incidents that had occurred or allegations that had been made but these acted upon appropriately once reported and investigated while there were no indications that any concerns were reported in an untimely manner. Despite this, when reviewing records relating to one safeguarding incident, the records suggested that this incident could have been prevented had the organisation of a particular staffing arrangement taken account of a prior concern that had been raised in another designated centre. An investigation in relation to some concerns notified before the May 2023 inspection was still ongoing at the time of the current inspection. This investigation appeared to be nearing its conclusion and the provider had kept the Chief Inspector informed about this.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were numerous examples observed and overheard of residents treating residents in a respectful manner during the course of this inspection. This included residents being asked their choice and staff interacting with residents interacting with residents in a pleasant and warm manner. One resident though was heard to express frustration when their calls for staff over a 20 minutes period were not answered. In May 2023 there had been an incident which impacted the dignity of a resident although the provider had taken measures to prevent reoccurrence. While it was initially indicated that two residents' bedroom doors were left open at night at night for safety reasons, this was not reflected in any risk assessment. The opening of such doors at night impacted residents' privacy and it was indicated that one resident was not asked about this until after the observations of the inspector on this matter. At one point during this inspection one resident's intimate personal care plan was noted not to be followed which impacted the resident's privacy.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Lios Mor OSV-0004745

Inspection ID: MON-0040859

Date of inspection: 06/10/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Risk assessment around supporting residents' activities has been closed on 29/10/2023, as there are now 6 residents attending day service and the other 4 residents are supported by Liosmor staff to meet their PCP goals. We will ensure that, should the needs of the residents change in the future, impacting on the ability of residents to participate in activities, a new risk assessment will be developed to mitigate and monitor this risk. • While every effort is made to ensure that there is nursing staff on duty 24 hours a day, there are times where there may not be a nurse on duty on the night shift, and in these instances, a third care assistant is rostered on duty. This is reflected in the statement of purpose. • There is a contingency plan in place, should there be no nurse on duty on the night shift, due to unexpected leave, where a nurse from the day shift covers night duty or support is sought from Foynes or Bawnmore. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • We will ensure that Q4 supervisions will be completed for all staff in line with the policy. All outstanding or overdue supervisions will be completed by 3rd of November. 	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • All referrals are channeled through the HSE. The directory of residents is generated through our own national residents' database, OLIS, which doesn't currently provide us with the name and address of the referring body. • We have requested that this system is updated for future admissions so that the name and address of any authority, organization or other body which arranged residents' admission to the centre is included. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Following feedback, we have reviewed our on call roster to include all on-call arrangements for evenings, nights and weekends and provides guidance to staff as to the PIC/CNM1, Area Manager and Senior Manager on duty. We will ensure that this is updated on a weekly basis so that the on call arrangements are clear to staff. We will discuss on call roster at staff meeting on 08/11/2023. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • MRF has already been submitted to contractor for the replacement of the floor in the laundry room. Contractor has stated that it will be completed by end of November 2023. • The installation of the new outdoor shed and the fitting of storage units in the sluice room and all bathrooms has been completed so all the boxes in the small sluice room have now been removed. 	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • When a new safeguarding plan is developed, it is the responsibility of the PIC/CNM1/PPIM to ensure that this is communicated to all staff, and that staff read and sign same. • New safeguarding plans will be included in handover document to ensure all shifts are aware. • Safeguarding plans will be included in all discussions around safeguarding at staff meetings. • We will ensure that protective measures are put in place as soon as possible after a safeguarding incident is raised. • Instruction has been given to PICs that, if a concern is raised in relation to a staff member, that senior manager is contacted. This will be discussed at the next PIC meeting on 29/11/2023. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Following the inspection, we have reviewed our assistive technology to support residents to communicate with staff when in bed, with particular emphasis on any resident, who is unable to get out of bed without staff assistance and is dependent on staff to support them to meet their needs while in bed. • We have installed additional technology, in the form of an audio monitor, to support 2 residents to communicate with staff. • Restrictive practice documents in place in relation to these monitors. • Protocol in relation to staff's positioning at night developed which outlines that, where practicable, one staff should remain in the vicinity of the sleeping areas, so that they can promptly respond to the needs of the residents. • Intimate care plans and the importance of upholding the privacy and dignity of residents during intimate care will be discussed at staff meeting on 8th November 2023 and will remain on staff meeting agenda going forward. • Personal Information Guide for residents, whose bedroom doors are left open at night, will be updated to indicate their expressed preference, where possible, but also the importance of continuing to offer choice at night of having bedroom door closed. • In relation to residents whose bedroom doors are left open for safety reasons, Slips, Trips and Falls risk assessments updated to reflect this. Restrictive Practice Document in place for resident who is unable to communicate her preference, but for whom it is a safety requirement. 	

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	08/11/2023
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	29/11/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	03/11/2023
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/11/2023

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/04/2024
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	08/11/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/11/2023
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and	Substantially Compliant	Yellow	30/11/2023

	participates in the organisation of the designated centre.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/11/2023