



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

Issued by the Chief Inspector

Name of designated centre:	Desmond Community Residential Houses
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	29 February 2024
Centre ID:	OSV-0005179
Fieldwork ID:	MON-0033894

About the designated centre

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

Desmond Community Residential Houses consists of detached two detached bungalows, one located within a town and the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of eight residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include bathrooms, kitchens, sitting rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 29 February 2024	08:40hrs to 18:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were provided with supports that met their needs and efforts were being made to offer residents a person centred service, tailored to their individual needs and preferences. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and that residents were being supported and encouraged to increase their access and participation in the community. Residents were seen to be well cared for in this centre, and there were local management systems in place that were striving towards ensuring a safe and effective service was being provided. However, at the time of this inspection, some incompatibility issues in one area of the centre did have the potential to impact on both residents living there.

The centre comprises two community based bungalows. One of these is located in a residential area of a large town and can accommodate two individuals, and the other is located a short distance from the same town and can accommodate four residents. Both are located close to local amenities such as shops and sporting facilities. Each resident has their own bedroom in the centre and there were communal areas and outdoor areas available to residents in both properties. Residents' bedrooms were decorated in line with their own preferences. Overall, the centre was being maintained to an adequate standard. Some minor issues identified in the upkeep of the properties are addressed under Regulation 17: premises.

This centre was registered to accommodate eight residents. At the time of this inspection, there were five residents living in the centre, and another resident who had not yet been discharged from the centre but was, at the time of the inspection, receiving residential supports in a nursing home due to their changing medical needs. This will be discussed further in the capacity and capability section of the report. There were two vacancies in one house of the centre at the time of the inspection. However, the management of the centre told the inspector that due to the assessed needs of the current residents living in that location, there were no plans to fill these vacancies.

One resident was visiting home on the day of the inspection. The inspector had an opportunity to meet with the other four residents of this centre and to view all parts of the designated centre. Two residents were observed leaving their home for day services on the morning of the inspection. Residents communicated with the inspector using their own communication styles and all residents communicated verbally. All four residents present in the centre met with and interacted briefly with the inspector but some chose not to interact at length with the inspector. Some residents spoke with the inspector about their home and things that they liked and disliked. All residents in this centre attended day services and the inspector spent this time reviewing documentation and speaking with staff and management of the centre. The inspector commenced the inspection in one premises and visited the second premises in the evening so that she had an opportunity to meet with all

residents in their homes and observe some staff interactions with residents.

On the morning of the inspection, the inspector was greeted by a resident in the hallway of their home. This resident was also observed enjoying breakfast in the kitchen of their home. The inspector interacted briefly with this resident prior to their departure to attend their day service. The inspector met with the second resident living in this house in their sitting room while they waited to be collected for day services. They were watching a preferred channel on TV and spoke about this with the inspector. They spoke for a period with the inspector about things that they liked, and what they liked to bring for lunch. They told the inspector that staff had supported them with their packed lunch for day services and told the inspector about the things they planned to do for the day and about how they kept in contact with their family and friends. When prompted, this resident showed the inspector a key fob that they could use to access their bedroom but declined to use this themselves, instead requesting staff do this for him. The inspector observed that one resident preferred not to spend time in the company of their housemate and staff and management spoken to told the inspector that these residents would prefer not to live with each other.

In the evening, the inspector met with two residents in the second house following their return from day services. One resident interacted with the inspector throughout her time in this house. This resident was observed interacting with staff in the communal areas of the house and enjoying a snack in the kitchen. They were seen to move freely about the communal areas and staff told the inspector that this resident liked the company of staff and benefited from the presence of the additional staff that were now provided three evenings a week and at weekends in this house. The second resident spoke with the inspector in their bedroom as was their preference. This resident requested a staff member be present for a period during the conversation and this wish was respected. This resident expressed some dissatisfaction about sharing their home with another resident. She told the inspector that they would like to visit their friend who was staying in a nursing home at the time of the inspection. As the inspector was leaving this house, residents were preparing to leave on a planned outing to visit that resident.

There were a number of restrictions in place in some areas of this centre for health and safety reasons. While overall these were seen to have been considered, on the day of the inspection the inspector observed some practices that indicated that not all restrictions had been fully identified. This was discussed with the management present on the day of the inspection.

Due to residents not being present for much of the day of the inspection, observation and interaction with residents in their homes was limited to a short period at the outset of the inspection and another short period towards the end of the inspection. During this time, staff were observed and overheard to interact respectfully with residents and to respond to residents' individual communication styles. Staff were observed to respond to one resident in line with the behaviour support guidelines in place for them that were viewed by the inspector during the inspection. Staff spoken with during the inspection presented as committed to the residents that they cared for and knowledgeable about residents and their support

needs.

A staff member spoke to the inspector about how residents' rights were promoted in the centre and spoke about how residents were provided with opportunities to voice their opinion and make choices during weekly resident meetings. They also told the inspector that one resident disliked long journeys, and this would be respected when making plans with the resident.

As part of this announced visit, residents were provided with an opportunity to complete questionnaires about their service prior to the inspection. All residents were supported by staff to complete these and the inspector received and reviewed five completed questionnaires. The feedback provided from residents was overall positive. Residents indicated that they liked their homes. Some questionnaire's mentioned that some residents did not always get along with some of the people they lived with. From speaking with and observing residents on the day of the inspection, these responses were seen to be an overall accurate reflection of residents' views about the centre. No family members expressed a wish to meet with the inspector during this inspection. The annual review completed for the centre showed that family members were consulted with about their views of the care provided in the centre. The most recent annual review indicated that overall family members were satisfied with the care residents received and some of the concerns noted were seen to have been addressed at the time of this inspection.

Overall, this inspection found that there was evidence of good compliance with the regulations and this meant that, for the most part, residents were being offered a safe and responsive service. However, some issues were identified in relation to resident incompatibility and the provider was not fully meeting the assessed needs of all residents of the centre. Some issues were also identified in relation to recording of restrictive practices and the appropriate identification of all risks in the centre. 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

Management systems were seen to be in place in this centre that aimed to provide for a high quality, responsive and person centred service to the residents living there. Local management systems were in place that strived to ensure that the services provided within the centre were safe, consistent and appropriate to residents' needs. However, the provider was unable to fully meet the assessed needs of all residents in the centre at the time of this inspection. The provider had identified that residents in one area of the centre were being impacted due to incompatibility issues and in the other area of the centre, one resident remained living in a nursing home as the centre was unable to meet their changing needs

following a period of ill health. The provider was taking action in relation to these issues and this will be discussed further in this report.

This announced inspection was carried out to inform the decision relating to the renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. A discrepancy were noted in relation to the floor plans submitted on the day of the inspection and the provider was requested to resubmit these. The previous inspection of this centre took place in April 2022 and was focused on Infection Prevention and Control (IPC). Since then, some changes in the resident group accommodated in the centre had taken place and some residents had moved out. One resident, who had previously transferred out of the centre to another designated centre, returned to the centre but was being accommodated in a different house than they had previously lived in.

There was a clear management structure in place in the centre. A social care leader provided oversight at frontline level and reported to the person in charge who was an area manager. The person in charge reported to the head of community services, who in return reported to the director of services. The person in charge of this centre and the social care leader were both present on the day of the inspection. The person in charge was familiar with the residents that lived in this centre and knowledgeable about the issues present in the centre. The person in charge was supported in their role by a social care leader. This individual was also very familiar with residents and their support needs and maintained strong local oversight of the centre. The inspector had an opportunity to speak at length with both of these individuals throughout the day and to observe them during interactions with the residents that lived in the centre.

The person in charge was seen have oversight of the centre and was focused on enhancing the services offered in the centre to ensure they were tailored towards the needs of the residents that lived there. The person in charge was full-time in their role and told the inspector about the management systems that were in place and the supports that were available to them to ensure that they were able to maintain full oversight of this centre. They spoke to the inspector about their aims for the service including some potential changes that were planned for both areas of the centre that would enhance the service provided to the residents. They spoke about the progress that had been made in the centre since previous inspections and about how the quality of life of some residents had improved since these changes had occurred, such as a decrease in the number of residents in one area. They also spoke about the challenges that remained in the centre, including ongoing incompatibility of residents in one area of the centre, which had been monitored closely and escalated within the provider's risk management structures.

One resident was in the process of being discharged from the centre. The inspector was told that this resident was being accommodated in a nursing home at the time of the inspection. The resident had been admitted to the nursing home for a period of recuperation following surgery and had not returned to the centre as the centre was unable to accommodate their changing medical needs in the designated centre within its current staff resources. At the time of the inspection, the provider had

identified a potential alternative placement for this resident and had submitted a business case to the funder for additional staffing. The inspector was told by management, staff and a resident that the residents and staff in the centre visited this resident often and kept in contact with them. The inspector was informed following this inspection that this resident was subsequently discharged from this designated centre to another designated centre under the providers' remit in line with their assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. Some of the information required updating and this was submitted in the days following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation to the Chief Inspector to show that this person possessed the required qualifications, experience and skills for the role. The person in charge was seen to maintain good oversight of the centre. The person in charge was full time in their role as is required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual staff rota was maintained in the centre and a sample of this rota was reviewed by the inspector. The centre was staffed by a core team of suitably skilled and consistent staff that provided continuity of care for residents. Residents were supported by a team consisting of social care workers, support workers and health care assistants. In one house, two staff supported two residents in the evenings and at weekends, while in the other house, one staff member supported three residents in the evenings and weekends, with a second staff member on duty three evenings a week and at the weekends also. A sleepover staff member was present by night in each location. A sample of the roster over a two month period was viewed by the inspector. At the time of the inspection, staffing levels were appropriate to the number of residents living in the centre and to meet

the assessed needs of residents present in the centre. Staffing levels had increased since the previous inspection and additional supports were being offered in each house in the evenings and weekends to facilitate activation and implement safeguarding plans. The inspector was told that one resident was living in a nursing home at the time of the inspection and would not be returning to the centre as the staffing resources in place would not be sufficient to meet their changing needs. For example, this resident would require additional support and supervision at night and there were no waking staff assigned to this centre. The provider was making arrangements for this resident to transition into another designated centre that could appropriately meet their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were being appropriately considered. The inspector viewed a training matrix for sixteen staff that were working in the centre, including relief staff. This matrix showed that staff were provided with training appropriate to their roles and that the person in charge was maintaining good oversight of the training needs of staff. Mandatory training provided included training in the areas of manual handling, fire safety, and safeguarding of vulnerable adults and overall this training was indicated to be up-to-date on the matrix provided. Some training was due to be completed and this was clearly identified on the matrix provided. A random sample of recent supervision records for three staff was viewed by the inspector and these indicated that staff were being provided with appropriate formal supervision and had an opportunity to raise and discuss concerns.

One staff member spoke with the inspector about how the management team supported them in their role. They told the inspector that they felt well supported in their role and about some of the training and supports they received to carry out their duties.

Judgment: Compliant

Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate and details of this was provided as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that overall good quality and safe services were being provided to residents. There were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and included consultation with residents and their family members.

The findings of this inspection found that overall the designated centre was resourced by the provider to deliver care and support in accordance with the statement of purpose at the time of the inspection and that the management systems in place were ensuring, insofar as possible, that the service provided was appropriate to residents' needs. However, this inspection found that the provider was not fully meeting the assessed needs of all residents at the time of this inspection. Residents had access to transport to facilitate medical appointments and social and leisure activities. The inspector was told about improvements that had been made in the centre since previous inspections. Additional staffing resources had been put in place to support residents and keep them safe and how this had contributed to improvements in access to the community and activities for residents. While issues remained around resident compatibility, particularly in one house, significant efforts had been made to reduce the impact of this on both residents that lived there and the provider was making efforts to identify a long-term solution for these residents that would meet both of their assessed needs.

The person in charge and team leader assigned to this centre spoke with the inspector during the inspection. Both individuals were found to be knowledgeable about the residents and their support needs and were maintaining good local oversight of the centre at the time of this inspection. Both individuals were familiar with any issues that had been raised in the centre and were able to tell the inspector about how these were managed. An on-call management roster was in place and was observed on display in the office of one house. This provided staff with access to out-of-hours supports if required.

An annual review had been completed and provider six monthly unannounced visits were occurring as appropriate. There was evidence that residents and family members had been consulted with as part of these reviews. There was a schedule in place for formal staff supervisions and while gaps were noted, these were all up-to-date at the time of the inspection. Records viewed in relation to these showed that staff were supported to raise concerns and that these were responded to.

The inspector viewed records of incidents that had occurred in the centre between July 2023 and January 2024. These showed that learning from incidents was being recorded. The records relating to staff meetings held in the centre were reviewed. There was evidence that important learning was being disseminated to the staff team through these meetings, such as information relating to safeguarding, identified learning from incidents.

The most recent unannounced six-monthly visit had been conducted in the centre in

August 2023 by a representative of the provider. These unannounced visits are specifically required by the regulations and are intended to review the quality and safety of care and support provided to residents. A report of this unannounced visit was reviewed by the inspector and it was seen that this review was identifying issues as appropriate. A number of issues had been identified in areas such as risk management, complaints and positive behaviour support. An audit tracking template was in use to track the actions following the provider unannounced visit and this indicated that progress was being made in relation to actions identified.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints procedure. Easy-to-read guidance in relation about 'making a complaint' was available to the residents and was viewed by the inspector on display in the houses of the centre.

A complaints log was reviewed by the inspector for both locations of the designated centre. It was seen that complaints were recorded as appropriate in this log. The social care leader discussed these with the person in charge. There was one open complaint from family members of a resident that had been escalated.

The registered provider had demonstrated oversight of the complaints procedures in place in the centre. For example, the six monthly unannounced audit had identified some issues about how complaints were being recorded and action was taken to address this. Opportunities to raise complaints were available to residents through regular resident meetings and the inspector saw some of these records also. From speaking with some of the residents, the inspector was satisfied that residents would be comfortable to raise issues or concerns.

Staff were familiar with the complaints procedures in the centre and told the inspector about how they would respond to complaints received in the centre.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents in this centre was, for the most part, maintained by a good standard of evidence-based care and support. The provider was unable to fully meet the needs of all residents' in this centre at the time of this inspection and this did impact on the quality of the service that some residents' were receiving and on the level of compliance with the regulations found in this inspection. However, this inspection found that the provider had made significant

efforts to manage these concerns and this had reduced the overall impact on residents. Some issues in relation to the identification of restrictions in place in the centre, risk management, visiting and premises were identified during this inspection also.

The ongoing and future needs of residents were being considered. For example, the management in the centre told the inspector that there was an awareness of the changing needs of residents in one part of the centre and that this was being considered in light of the future needs of these residents and how the service would need to adapt to meet those needs.

Staff were observed to speak to and interact respectfully with residents during the inspection and the person in charge and staff team spoke about residents in a manner that was rights focused. Residents were supported to maintain personal relationships. For example, residents were supported to maintain family links and one resident was supported to meet their boyfriend when they chose to. The staff and management team in the centre told the inspector about a strong focus on resident rights in this centre and how residents were supported to exercise their rights and to have choice and control over their daily lives and participate in meaningful activities of their own choosing. The management team in place had escalated to the provider the incompatibility issues present in this centre and were making efforts to address this.

The person in charge and the team leader spoke with the inspector about an escalated red risk was in place in respect of resident placements in this centre. This was due to the ongoing incompatibility of two residents that lived together. One of these residents had moved out of the centre for a period but had subsequently been readmitted when incompatibility issues arose in their new placement. The inspector was told by the person in charge that any further changes in the living arrangements would have to be carefully considered to ensure that they would meet their assessed into the future. The provider had previously indicated that this individual was to move to an individualised single occupancy service but this plan had subsequently not proceeded.

Some actions had been taken by the provider to manage this risk. A business case for additional staffing had been submitted to the funder by this provider previously and while this had not yet been successful, the provider had sanctioned additional staffing resources to this centre to mitigate against the risks posed by this incompatibility. Also, one resident had moved bedrooms and a fob system had been put in place so that they were afforded privacy in this space. Although, these measures were reported to be overall effective in keeping residents safe, some peer-to-peer incidents had occurred in this part of the centre. There was evidence that some of these incidents had been discussed with the safeguarding designated officer but were not deemed to meet the threshold for reporting and had not been reported to the office of the chief inspector. This is discussed further under Regulation 8: Protection. Also, some of the measures in place meant that residents' rights were being impacted in relation to their living space and their ability to live in a restriction free environment.

The inspector viewed a number of documents throughout the day of the inspection, including a sample of residents' personal plans, healthcare support plans and positive behaviour support guidelines. The documentation viewed was seen to be well maintained, and information about residents was overall up-to-date and person-focused. Individualised plans were in place that contained detailed information to guide staff and ensure consistency of support for residents. Plans in place for residents' identified the supports residents' required and the goals in place to support resident development and enhance their quality of life.

A sample of three personal plans in place were reviewed in part or full by the inspector. It was documented that residents had taken part in person centred planning meetings and easy-to-read and consent forms for residents about this process were viewed. Comprehensive preparation was seen to have taken place prior to these meetings to inform the personal plans in place. In one file the inspector saw a personal outcomes workbook had been completed over a two month period for the resident and this included consultation and information gathering from important people in the residents' circle of support, such as family members. Goals varied depending on the particular interests and capacities of residents. Goals were in place that were in line with residents' preferences and ongoing progress with goals was documented.

Documentation in place that residents were being supported to access the community on a regular basis. To support residents to remain safe and to access the community more regularly, the provider had put in place additional staffing in both locations. Records viewed in the centre showed that some residents had significant multi-disciplinary (MDT) input in this centre and management of the centre told the inspector about some to the recommendations that these professionals had made to improve the quality of life and living environment of residents.

Overall, residents were provided with good supports to help them to manage responsive behaviours and behaviours that might impact on their peers. Some restrictive practices were observed that were not appropriately documented and the inspector discussed this with the management team on the day of the inspection. These restrictive practices had not been identified and reported to the office of the chief inspector as required. This is covered under Regulation 7: Positive behavioural support.

Records reviewed in relation to weekly house meetings showed that residents were consulted with and informed about issues in their home. Topics discussed during these meetings included activities and food choices, and education pieces for residents about privacy, rights, complaints and safeguarding. It was documented in the annual review that one resident chose not to participate in these weekly meetings and that this residents key-worker and staff in their home would meet with the resident on a 1:1 basis to offer choices and determine their preferences and wishes.

Regulation 11: Visits

The registered provider facilitated the residents to receive visitors if they wished. Some residents did not always have access to a separate private space in their home to meet with visitors apart from their bedrooms and one residents' family had highlighted this when consulted about the centre by the provider. While the provider had put additional seating into the residents' bedroom to facilitate visits this did not fully address this issue.

Judgment: Substantially compliant

Regulation 13: General welfare and development

A staff member told the inspector that residents had a good quality of life in the centre and were provided with a good service. They spoke about the improvements brought about by additional staffing resources put in place by the provider at evenings and weekends. For example, residents' were able to get out more, were participating in their communities more, and had more opportunities for 1:1 time with staff and for activity of their choosing.

A sample of three months care notes was reviewed by the inspector for one resident and these records showed that the resident had access to a variety of activities and was consulted with about these activities. Other records viewed in the centre and discussions with staff and residents' indicated that residents were supported to access the community regularly and enjoyed a variety of activities such as visiting friends, meals out and swimming. Residents were provided with supports to access their day services.

Documentation in place about residents was seen to provide good guidance to staff about the supports residents required to meet their healthcare, social and personal needs. The inspector saw that there was ongoing consideration of changes that occurred for residents. Where the provider had recognised that they were unable to meet the changing needs of one resident and provide appropriate support to the resident to meet their assessed needs in the centre, they had put in place alternative arrangements to ensure the resident was well cared for, and were actively working towards sourcing a more suitable placement for the resident.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Living arrangements in one house had been reviewed with changes made for

residents in line with their assessed needs and preferences. One resident had moved into a different part of the house and this meant that the impact residents had on each other was reduced. Resident bedrooms and living areas were seen to be decorated in a manner that reflected the individual preferences of residents. Both houses that made up the centre were observed to be clean throughout on the day of the inspection and communal areas were seen to be homely and welcoming. There was suitable outdoor areas available for the use of residents.

Some issues were identified that could impact on effective cleaning and infection prevention and control in the centre. In the bathroom of one house, a grab rail was rusted and there were large gaps around tiling. Also in another premises, the flooring in a bedroom and a bathroom was seen to be worn and require attention.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations. Some minor amendments were made to this on the day of the inspection to ensure it accurately reflected all of the services provided in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place in the centre and was reviewed. Overall, this identified risks present in the centre and the control measures in place to mitigate against them. For example, risk assessments were in place regarding the impact of one resident on another resident that lived with them.

There were some systems in place for review of risk. For example, the most recent six-monthly audit of the centre had identified some risks that required risk assessments and these had been completed. Also, there was evidence that identified risks were regularly reviewed, including at escalated risk clinics if appropriate.

However, some risks present in the centre had not been formally identified or risk assessed by the systems in place at the time of this inspection and this meant that there was no clear guidance available to staff about the controls in place to mitigate

against these risks. For example, there was no risk assessment in place around falls for one resident who had required medical attention on a number of occasions in 2023 for injuries arising from falls. Also, following a change in the location of one residents' bedroom, specific fire-safety risks had not been fully considered. It is acknowledged that assurances were provided to the inspector following the inspection in relation to these.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed as operating on the day of the inspection by the inspector during the walk-around of the centre. Fire safety systems were reviewed in detail in one house, where the provider had completed works since previous inspections had highlighted issues. Labels on the fire-fighting equipment such as fire extinguishers identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained and records viewed showed that quarterly checks by a fire safety company were completed on the fire alarm system. Fire safety records for a two month period were viewed and these showed that there were a number of checks being completed by staff in the centre. Daily checks were being completed by staff of the fire alarm unit, daily visual exit inspections were being completed, weekly inspection of fire doors and weekly break-glass-unit tests, weekly inspections of fire-fighting equipment and weekly emergency lighting check were all being carried out.

The plans in place to evacuate all residents had not been fully reviewed following changes that had taken place in this unit of the centre. Fire evacuation drill records were viewed from January 2023 to February 2024. These showed that a number of fire drills had taken place in the previous month, following a gap since July 2023, but that a fire drill had not been completed that simulated the staffing levels at night in that period, although one had been scheduled for two months after the inspection. One resident had moved rooms in the centre during that period also. This residents' bedroom was now situated at the other side of the kitchen to where staff would be located at night and would likely need to use a different exit to evacuate than the other resident. Their personal emergency evacuation plan (PEEP) indicated that they would require prompting to evacuate. This document also required updating to reflect the change in living arrangements for this resident. This was completed on the day of the inspection and viewed by the inspector prior to leaving the centre. The inspector identified that some issues with safely evacuating the house at night, such as opening the exit door could potentially arise for this resident. The inspector requested further assurances be provided in relation to the evacuation of both residents in this house at night. Following the inspection, the person in charge provided details that an additional fire drill simulating current staffing levels had been successfully completed in this location on the evening of the inspection. This has been covered under Regulation 26: Risk management

procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As outlined in the quality and safety section of this report personal plans were in place for the residents living in this centre and residents were being afforded opportunities to set and achieve goals. However, as also mentioned previously in this report, despite ongoing efforts, the provider had recognised that they were not fully meeting the assessed needs of all residents living in the centre. Two residents living in one unit continued to impact on one another, although the provider had taken action to reduce the impact of this on residents as much as possible.

The provider had identified that these two residents 'are not compatible house mates' in a multidisciplinary team meeting held in respect of one resident in June 2023, the notes of which were viewed by the inspector. This meeting was attended by a large number of professionals that worked with this individual. A number of actions had been identified during this meeting and it was seen that progress had been made with these actions. For example, a fob system had been installed for one resident, consistent staffing was prioritised for this location, the team leader was spending additional time on-site in this location to provide supports to staff and some work had been completed to identify suitable community spaces that both residents could access together.

However, incident reports viewed in the centre alongside other documentation such as multidisciplinary reports and a risk assessment that had been escalated to the providers escalated risk clinic, showed that residents did continue to be impacted by each other and that the provider was struggling to meet the assessed needs of both residents while their current living arrangements continued.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had received appropriate training in the area of positive behaviour support. The training matrix identified that most staff had received training in the management of potential and actual aggression.

There were some restrictions in place in this centre. These in were in place to promote the safety and wellbeing of residents and the local management team were able to provide a rationale for all of the restrictions in place. The documentation viewed in one house showed that identified restrictions were reviewed quarterly and

there was documentation to evidence that these restrictions had been discussed with residents.

Some restrictions in place in the centre had not been identified by the provider. During the walk around one part of the centre, some restrictions were observed that had not been notified to the Chief Inspector. For example, some clothing belonging to a resident was being stored in a locked storage room and this had not been identified as a rights restriction. Also, a practice was observed to prevent a resident accessing the staff room in the centre that was seen to be restrictive and a review of incident reports in the centre indicated that this practice was also used previously by staff during periods when a resident displayed responsive behaviours. This practice had not been identified as a restrictive practice at the time of the inspection.

The documentation in place about how to support this resident to manage their behaviour was reviewed by the inspector. This was observed to be comprehensive and provide good guidance to staff about best practice to support this resident in this area. This documentation included crisis support guidelines and a behaviour support plan and was informed by allied health professional reports previously completed in respect of this resident. However, it was seen that this documentation did not include any guidance in relation to the practices mentioned above and this meant that it was unclear if these restrictive procedures were being applied in accordance with national policy and evidence based practice.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the inspector saw that efforts were being made to protect residents in this centre. Significant consideration had been given to the living arrangements of residents and changes had been made to their living environment that assisted in protecting residents. For example, one resident had moved bedrooms and now accessed their bedroom using a key-chain fob and this had reduced the impact on him of another resident accessing his space and his personal belongings. Also, the provider had put in place additional staff to ensure that residents were afforded to spend time apart and were sufficiently activated in the centre and in the community.

Residents that spoke with the inspector in the centre confirmed that they felt safe in the centre. Some residents did not respond to this question when asked by the inspector. Staff spoken with were familiar with how to report a safeguarding concern and all staff in the centre had received appropriate training in the area of safeguarding. Where safeguarding concerns had been identified, it was seen that these had been escalated through the appropriate channels and that safeguarding plans had been put in place if required.

However, from the information provided to the inspector it was not fully clear that

the providers' systems were ensuring that all abusive interactions were being recognised as such. This meant that the systems in place would not fully ensure that residents were fully protected from all forms of abuse. The incident reports viewed in the centre indicated that sometimes the behaviour and presentation of one resident could impact negatively on the person that they lived with. Some of these incidents had been discussed with the designated officer but on some occasions the impacts on both residents had not been considered to reach a threshold that would constitute a safeguarding concern for either resident. While learning was identified from these incidents, the incident reports viewed on the day of the inspection did indicate that residents were impacted by these incidents. For example, on one occasion a resident was described as being 'distressed' by the vocalisations of a peer and this had continued for 20 minutes. The rationale provided for not deeming this incident as a safeguarding concern was that it did not appear to have an 'enduring effect' on the resident. On another occasion, one resident had 'lightly hit' another resident when they entered their room without permission. The rationale for not deeming this a safeguarding concern was that the resident had reacted in 'protection of his personal bedroom space and personal items' and the second resident did not appear to have noticed or been impacted when struck on the hand and the incident was resolved quickly.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had not ensured that each resident's privacy and dignity was being respected in relation to their living arrangements and that each resident had the freedom to exercise choice and control in his or her daily life, specifically in relation to their living arrangements.

Compatibility issues in one unit of the centre are cited under Regulation 5. The living arrangements in place for these two residents were having an impact on their rights also. These residents' were not being afforded choice in relation to their living arrangements and their current living arrangements meant that they were not afforded full privacy and dignity in relation to their living space and day-to-day activities of daily living. For example, some restrictions were put in place for a resident due to the other residents' needs and this meant that this resident was unable to move freely about their home. Although efforts were being made to encourage the resident to use a keychain fob to access their own bedroom independently, this resident was still requesting staff assistance to access their bedroom and bathroom area due to concerns about the other resident gaining access to these areas, and this had the potential to curtail their independence.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Desmond Community Residential Houses OSV-0005179

Inspection ID: MON-0033894

Date of inspection: 29/02/2024

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 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: <ul style="list-style-type: none"> • Using an unoccupied room in the community residence, we will renovate a comfortable space for persons supported and family members to enjoy for visits 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Grab rail in the bathroom has been replaced • Gaps around the tiling have been cleaned out and grouted • Staining around shower has been cleaned • Replacement flooring has been sourced and will be put down 	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • A falls risk had been put in place on the day of the inspection • The PEEP has been updated and all staff have completed a kitchen fire simulation • There is a sign placed near the back door to advise all staff to ensure the key is not left 	

on the back of the door. It is to be left hanging on the hook.	
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> <ul style="list-style-type: none"> • As a result of consistent staffing and prioritizing the support staff each day, the impact residents have on each other is greatly reduced • The risk assessment will continue to be monitored and included on the red risk escalated clinic • Business case submitted to funder for an individualized service for one resident. It is not possible to determine when this will be approved. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • Meeting was held with CNS in behaviour support on the 17th June 2024. • Seasonal clothing for a resident will be included on the restrictive practice plans and notified accordingly • A review of AIRS will take place in respect of how staff respond to behaviours of concern and the behaviour support plan will be updated to reflect this practice if it is in line with best practice. • Phased introduction of extra storage for clothing to be introduced for a resident 	
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"> • Safeguarding reinforced with staff on April 15th at staff meeting • Ensure all staff have up to date safeguarding training • Continue discussing incidents in detail with front line staff • Continue consulting Designated Officer to discuss any concerns 	

- Continue observing Persons supported following any incident for any enduring impact
- Staff to complete online report writing training

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"> • As a result of consistent staffing and prioritizing the support staff each day, the impact residents have on each other is greatly reduced • The risk assessment will continue to be monitored and included on the red risk escalated clinic • Business case submitted to funder for an individualized service for one resident. It is not possible to determine when this will be approved. • Staff to continue to encourage resident to use their key fob • There are 2 bathrooms in the community residence and residents have the option to use the main bathroom 	

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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	01/08/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/08/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	01/03/2024

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/08/2024
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	Not Compliant	Orange	31/12/2024

	freedom to exercise choice and control in his or her daily life.			
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	31/12/2024