



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

Issued by the Chief Inspector

Name of designated centre:	Limelawn Green - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0003065
Fieldwork ID:	MON-0025333

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 May 2021	10:00hrs to 15:30hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

From speaking with residents and from what the inspector observed, this was a well run centre which was providing high standards of care and support to residents. The inspector found that residents were happy with the services they were in receipt of and were experiencing a good quality of life. There was evidence available to the inspector to demonstrate that there was a culture of person-centredness in place in the centre and services were being provided through a human-rights based approach.

The inspector met with three of the four residents who were availing of the services of the centre at the time of the inspection. The inspector chatted with residents about their lives and spent time listening to their experiences of living in the centre. They showed the inspector around the centre and explained how they were very happy living there. When asked about their favourite things about the centre, the residents told the inspector that these included the staff team, their friends, going to day services, and having a day off once every week where they went out for lunch and did some shopping on a one-to-one basis with a member of the staff team.

It was clear that residents had developed good relationships with each other and with the staff team. The inspector observed residents enjoying the company of staff members and joking and laughing with them. There was a sense of fun and excitement in the centre and it was very clear that the staff members knew the residents and their individual needs well. At the time of the inspection some residents were relaxing in a living room area and watching television and completing some art work. Another resident was out for the day while another was getting ready to go for a walk and get a take away coffee with a staff member.

The residents met with told the inspector that they felt safe living in the centre and knew how to report any concerns or incidents of mistreatment should they ever occur. One resident told the inspector that they talked about safeguarding at house meetings and the importance of being kind to each other. The residents explained the impact of the COVID-19 pandemic related restrictions were having on their lives. Some residents were missing their day services and the freedoms they enjoyed prior to the pandemic while others told the inspector that they really looked forward to the restrictions being lifted. The residents were well informed about COVID-19 and they explained that they followed the developments through the news. Despite the public health related restrictions, the resident group continued to engage in and enjoy a number of activities such as walks in the local area, take away lunches, gardening, participating in online zumba and mindfulness classes, karaoke, and online calls with the local chaplain. One resident told the inspector about a project they were working on which involved putting together a picture book about the local area and included taking pictures and collecting stories.

The inspector found that residents had been supported to be active members of their local community and develop a range of valued social roles. One resident told

the inspector about how they enjoyed sports and playing music. They explained how they had participated in the World Games of the Special Olympics in 2003 and had won a gold medal. They were very proud of this achievement and showed the medal to the inspector. Other residents were supported to develop independent living skills and prior to the pandemic would access the community and use public transport independently. Residents had their own bank accounts and bank cards and some shopped online while others like to shop in person within minimal supports from the staff team.

In addition to speaking with residents about their experiences, the inspector received four completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with residents indicating that they were very satisfied with the service they were in receipt of. One resident said "I don't like the COVID-19 restrictions but I know they are to help" and also stated "I'm happy here". Another resident stated that they were "happy with things the way they are and with the amount of choice" they had. Another residents wrote "I am absolutely happy" and explained that they were excited about renovations that were planned for their bedroom in the centre. When asked about activities that they enjoyed, one resident explained that their highlights were "going out for hot chocolate, bingo, tapestry and embroidery" and that while some other activities were temporarily not available, they looked forward to "going swimming again" when the pools reopened.

The inspector also spoke with a family member of a resident by telephone. They told the inspector that they were very happy with the standard of services being provided in the centre and had no concerns. They felt that residents were safe in the centre and were very complimentary of the staff team. The service provider had completed a survey of family members as part of a recent annual review of the centre and the inspector reviewed the feedback contained in these surveys during the course of the inspection. One family member stated that the resident was "...very happy in their service and always looks forward to returning after holidays at home". They added that "it is very comforting to know [they are] happy and consider the service a home from home". The family surveys indicated a high level of satisfaction with the services being delivered.

The premises of the centre were very clean throughout, decorated in line with the preferences of the residents and provided for a homely living environment. The centre was warm and each resident had their own bedroom. The artworks completed by the residents were on display throughout the centre and in the entrance hallway the residents had developed a chart to track their daily step counts as part of a step challenge they were completing. There was storage provided for residents' personal belongings, clothing and other items and there were sufficient number of toilets, showers and bathrooms. There was a garden to the side and rear of the centre which provided for a vegetable patch, a decking area, an outdoor dining space and room for residents to relax during good weather. One resident

showed the inspector some flowers and shrubs that they had recently planted.

The staff team were observed to be respectful in their interactions with residents and treated them in a kind and patient manner. The way in which staff members spoke about residents was sensitive, respectful and appropriate. It was clear that the staff team knew the needs of the residents very well including their communication methods and triggers for stress and anxieties. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. In the residents' questionnaires, one of the residents stated "the staff treat me the way my family does because they mean a lot to me. They are spectacular and have helped me a lot".

Overall, this was a very positive inspection with high levels of compliance identified. There were, however, some areas that required further improvement and development to ensure compliance with the regulations going forward. These included the need for the provision of formal staff supervision to all members of the staff team, the development and implementation of effective management systems, and greater oversight of risks and hazards which present 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

This centre was well managed and was providing care and support which was of a high standard. These supports were being delivered in a person-centred and human rights based approach and there was evidence to demonstrate that residents were experiencing positive outcomes as a result. The findings of the inspection were positive and residents were enjoying a good quality of life living in the centre.

There was effective leadership in place in the centre, however, there was some areas that required improvement including the need for further development and implementation of effective management systems to allow for good oversight of the care and support being provided. There was a strong person in charge employed who demonstrated high levels of knowledge of the requirements of the relevant legislation, regulations, standards and national policy. The inspector found that the centre was well resourced to meet the needs of the resident group and there was a competent and motivated workforce in place.

The inspector reviewed the centre's staff duty rosters and found that the number and skill mix of the staff team employed in the centre was appropriate to meet the needs of the residents who were being supported. There was evidence to demonstrate that the continuity of care and support had improved in the time since the last inspection of the centre and this was having a positive impact on the

resident group. This improved continuity had contributed towards the development of positive and warm relationships between the residents and the staff team.

The staff team were found to have completed a wide range of training as part of their professional development in the centre. A review of training records found that almost all courses described as being mandatory were completed by all staff members. There were regular team meetings taking place and a shift leader was appointed for periods when the person in charge was not present in the centre. The inspector found that the arrangements for supervising the staff team required improvement as redeployed staff members from other areas who were now working in the centre, along with relief staff team members, were not in receipt of formal supervision from the person in charge.

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the residents being supported in the centre. There were staff duty rosters maintained in the centre which clearly outlined the names of staff who were working, along with their grades and the starting and finishing times of shifts.

Judgment: Compliant

Regulation 16: Training and staff development

There was one deficit noted in staff training described to the inspector as being mandatory. In addition, the inspector found that the arrangements for the supervision of some members of the staff team was not satisfactory. There was ambiguity as to the responsibilities of the management team for the supervision of staff members redeployed to the centre from other areas and relief staff who were also working there.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there was a need for the further development and implementation of effective management systems in the centre to facilitate greater oversight of the care and support being provided. The provider had completed an annual review of the centre for 2020, however, a 2019 review had not been carried

out. There were six monthly unannounced visits to the centre being completed as required by the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. There was clear evidence available to demonstrate that complaints had been investigated and responded to in a timely manner and complainants were satisfied with the outcomes of these actions. There were easy read procedures available in the centre to support residents to make a complaint and the inspector observed a culture of promoting and welcoming complaints and feedback.

Judgment: Compliant

Quality and safety

The inspector found that residents who were living in the centre were in receipt of high quality services and were enjoying a good quality of life. While there was some improvements required to the manner in which risks and hazards were managed in the centre, overall the inspector found that residents were safe and had appropriate

support arrangements in place to address their assessed needs.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. While there had been a number of incidents of a minor nature in the time since the last inspection, the inspector found that these had been appropriately followed up on and investigated. There were regular informal supports from the staff team which facilitated residents to develop the knowledge, self-awareness, understanding and skills required for self-care and protection.

A review of the measures taken by the registered provider to protect residents against infection was completed by the inspector. The registered provider had taken appropriate action to prevent or minimise the occurrence of healthcare-associated infections in the centre including COVID-19. Staff members had access to stocks of personal protective equipment (PPE) and there were systems in place for stock control and ordering. There was a COVID-19 information folder available, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan in the event that an outbreak were to occur. There were hand sanitizing stations at a number of locations throughout the centre and staff were observed to be wearing face masks in line with public health guidelines.

The inspector found that there was evidence of the promotion of the individual and collective rights of residents who were empowered to make informed decisions and to live as autonomously as possible. For example, residents were supported to vote in elections, to hold valued social roles, to express themselves and their views, and were fully supported to learn about the COVID-19 vaccination programme and make informed decisions about providing consent for vaccination.

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation and provided for a comfortable living environment for residents. The centre was fully accessible to the residents who were living there and was found to meet their collective and individual needs.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which contained the information required by the regulations. This document was available to the residents and their representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

At the time of the inspection the person in charge was in the process of developing and implementing a new system for managing risks and hazards in the centre. This was at an early stage of development and implementation and as a result there was reduced oversight of some aspects of risk in the centre. For example, risks identified on separate risk logs and a risk register had different risk ratings applied to them and these were not consistent with risk assessments completed for the relating risk or hazards.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Residents had been supported to understand the COVID-19 pandemic and the need for increased infection prevention and control practices such as regular hand washing and sanitization.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for the residents which clearly communicated their support needs in the event of a fire or similar emergency. There were fire containment measures in place in the form of fire doors and self-closing devices and there was evidence available to demonstrate that residents and the staff team could evacuate the centre in a timely manner during fire drills which had been completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were suitable and safe practices in place for medication management. Appropriate training had been provided to the staff team around the administration of medications. There were appropriate arrangements in place for the storage of medication and a review of a sample of prescriptions and administration records found that all medication had been administered as prescribed. PRN (as the need arises) medication records stated the maximum dosage in 24 hours to be administered and the criteria under which such medication should be administered.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of the resident availing of the services of the centre. Members of the staff team met with were aware of the various types of abuse and the actions required if abuse was ever suspected, witnessed or reported to them. There was a local policy in place related to the safeguarding of residents and there was a designated officer appointed as required by this policy. Residents told the inspector that they felt safe living in the centre and knew how to report concerns if they ever had any.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life. For example, some residents wrote their own support plans with the support of the staff team and there were regular house meetings where a wide range of subjects were discussed including the centre's charter of rights and the need to focus on abilities instead of disabilities. Residents had access to local self-advocacy groups and independent advocacy supports if they required them and had been regularly informed of these services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0025333

Date of inspection: 19/05/2021

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 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> <p>Training and staff development: All staff will complete mandatory training. The PIC will carry out supervision with regular relief staff in designated centre. The PIC will ensure day service staff are supervised by their line manager in Day services and will liaise with day service manager with regards to any concerns there may be in the designated Centre</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider will carry out an annual review yearly. The PIC will maintain a log of all safeguarding incidents in designated centre.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk management procedures: The PIC will maintain a risk log and risk register for the designated Centre.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/07/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/07/2021
Regulation	The registered	Substantially	Yellow	30/06/2021

23(1)(d)	provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/07/2021