



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick - Group E
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	18 September 2023
Centre ID:	OSV-0003943
Fieldwork ID:	MON-0032855

About the designated centre

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

The centre comprises of one domestic style house located in a suburban area close to a large city. The service is available to adult women who have mild to moderate intellectual disabilities. The aim of the centre is, through a person-centred approach, to improve the quality of life of residents by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The intention of the designated centre is to provide residential and day supports for the older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The intention is to maintain the resident in their own home and provide staff to support their age-related needs either from a distance, part-time or full-time as appropriate

The following information outlines some additional data on this centre.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 September 2023	09:55hrs to 16:55hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were, that this centre had good management systems in place and was well run. There were some areas of improvement required relating to the written policies and procedures and staff training. For the most part these had been identified by the registered provider and were also found during the inspection and are highlighted later in the report under the relevant regulations.

The centre comprises of a two-story detached house in a suburb of a city. Residents share a kitchen, dining room, two communal bathrooms and a garden to the rear of the property. Each individual has their own bedroom. One bedroom had an en-suite bathroom which was due to be renovated in the coming weeks. The resident told the inspector they had been shopping to choose all the items for the new en-suite. The centre is registered for a maximum of four residents and is currently home to four individuals. The inspector had the opportunity to meet three residents on the day of the inspection.

On arrival to the centre, the inspector was greeted by the person in charge. One resident was relaxing in their living room watching television, they greeted and welcomed the inspector. The resident told the inspector they would be heading out later in the morning for a while to visit a friend. On return to the centre, the resident spoke to the inspector again about their day. They told the inspector they were happy and comfortable in their home. The resident spoke about how they regularly like to talk to staff and they have great support. The resident was also aware of the complaints procedure and who to talk to if they had a complaint.

Later in the morning, another resident returned to the centre and spoke to the inspector. They had been out for their breakfast that morning in a local café, which they appeared to enjoy. The resident showed the inspector their bedroom which they were very proud of. The resident had all their personal items displayed in their bedroom. The resident explained to the inspector how the staff supports all the residents in the centres independence. The resident showed the inspector how they manage their own medication and how they are supported to do this with the staff. The inspector viewed the medication storage for the resident and the processes the centre had in place to support this. These were seen to be well managed, clear oversight and residents had completed a self-assessment. They told the inspector that they loved the freedom they had and were very happy. The resident said they would change nothing in their home and headed out in the afternoon to visit a graveyard.

On return from their day service in the evening, the inspector had the opportunity to meet a third resident. The resident was in the kitchen with staff as dinner was being prepared. The staff was heard offering residents a choice of meals for their dinner. The resident told the inspector about their day in the day service they attend locally,

and discussed the music artist they like to listen to. The resident informed the inspector they had begun singing lessons and they really enjoyed this, they also discussed family members and how they enjoyed visiting them regularly.

The inspector had the opportunity to meet a staff member in the centre. The staff was seen and heard to interact with the residents in a respectful and kind manner. The residents spoken with complimented the staff team on the support and care they provide. Residents were heard over the course of the inspection having conversations, laughing and enjoying each others company over the course of the day.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. All four residents completed the questionnaire stated that they were happy in their home and gave examples of activities they enjoyed such as, listening to the radio, going to church, saying prayers, knitting, art, music, going for walks, attending a variety of different actively classes and socialising with friends. Residents commented that they liked the staff that supported them and their key workers, were happy with staff as they 'give proper advise' and that they knew who to speak to if they were unhappy about something in their home.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the findings of the inspection were that residents reported that they were happy living in the centre and that they felt safe there. They were supported by a staff team who were familiar with their care and support needs. The provider and local management team were identifying areas for improvement in line with the findings of this inspection.

The person in charge was found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure they were living a good life. They were a regular presence in the house and actively involved in the monitoring of care and support for residents. The person in charge was in a full-time position, with responsibility over two designated centres. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as medication audit, infection prevention and control audit, fire and health and safety audits. The person in charge told the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres.

On the day of inspection, there were appropriate staffing levels in place to meet the assessed needs of the residents. From a review of the roster, there was a staff team in place, and all planned and unplanned leave was covered by familiar and regular

relief staff team members for the centre. Residents were supported by one staff.

Staff were in receipt of formal staff supervision in line with the organisation's policies and procedures. The person in charge completed supervision for the staff team. The staff member meet with on the day of the inspection appeared happy and knowledge of the centre. The inspector reviewed the training records on the day of the inspection. Staff had access to training in line with the organisation's policy and had completed a number of these trainings. However, one staff member was seen to be overdue to complete a refresher in medication training. The provider was aware of this and the person in charge spoke to the inspector about the procedures in place in the centre to insure safe practices in the interim until the staff member could access a time for refresher training. All staff had completed training in human rights.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. The inspector reviewed all schedule 5 policies in the designated centre. It was seen that two of these policies were overdue for review, including the creation of, access to, retention of, maintenance and destruction of records and closed-circuit television (CCTV) policy. This was identified to the person in charge and later in the inspection to the person participating in management and clinical nurse managers 3 in the organisation. The provider confirmed the following day after the inspection that these were out of date and the provider would ensure these would be reviewed in a timely manner.

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy. An easy-to-read complaints process was available. The complaints process was regularly reviewed at resident meetings and residents spoken to had knowledge on how to make a complaint if they wished.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that staff numbers and the skill mix in the centre was in line with the assessed needs of the residents and the statement of purpose. From a sample of rosters reviewed, all the required shifts were covered and the rosters were well maintained. Planned and unplanned leave was covered by a consistent members of relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training in line with the organisation's policy and had completed a number of trainings in line with residents' assessed needs. However, one staff member was overdue refresher training in medication on the day of the inspection. Staff were in receipt of formal staff supervision in line with the organisation's policies and procedures.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures in place in the centre with clear lines of authority and accountability in place. The centre was managed by a person in charge who was familiar with residents' care and support needs and their responsibilities in relation to the regulations. They were supported in their role a person participating in management of the centre.

The provider and person in charge had systems in place to ensure oversight and monitoring of care and support for residents such as, an annual review, six monthly reviews, and regular audits in the centre. These audits and reviews were identifying areas for improvement and these actions were being logged, tracked and completed. They were resulting in improvements in relation to residents' care and support and in relation to their home.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a register of incidents and accidents held in the centre. The person in charge was aware of the requirement to notify the Chief Inspector in line with the Regulation. The inspector found that all events that met the requirements for notification had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a log maintained of complaints and from the sample of complaints reviewed in the centre they had been recorded and followed up on in line with the organisations' policy. An easy-to-read complaints process was available.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. Two of these policies had exceeded the three year review period by the provider. These included the creation of, access to, retention of, maintenance and destruction of records and closed-circuit television (CCTV) policy. These policies were seen to be last reviewed in February 2019 and August 2020.

Judgment: Substantially compliant

Quality and safety

From what the inspector observed and was told, and from reviewing documentation, it was evident that residents were in receipt of a good quality and safe service. Residents were being supported by a staff team who they were familiar with and they were engaging in activities of their choice in their home or in their local community.

Residents were actively supported and encouraged to connect with their family and friends and to take part in activities. They were being supported to be as independent as possible and to be aware of their rights. They were also supported to access information on how to keep themselves safe and well. Residents who wished to, were being supported to take part in activities in accordance with their interests.

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Residents and staff had access to information on infection prevention and control, and there were contingency plans in place in relation to the

outbreak of an infectious disease. There were cleaning schedules in place to ensure that each area of the house was regularly cleaned, staff had responsibility for set areas that they reviewed for deep clean or high level cleaning requirements. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available to the centre if required.

Residents were protected by the fire precautions in the centre. Suitable fire equipment was available and there were systems in place to make sure it was maintained and being regularly serviced. There were adequate means of escape, including emergency lighting. The centre evacuation plans in place and were regularly reviewed. Each resident had a personal emergency evacuation plan outlining any supports they may require to safely evacuate the centre in the event of an emergency.

Fire drills were occurring regularly in the centre and staff had completed training to ensure they were aware of their roles and responsibilities in the event of an emergency. The residents had also completed fire evacuations independently in the centre.

The residents had an assessment of need and personal plans in place. Their personal plans were comprehensive in nature and detailed their support needs and the requirements to maximise their personal development and quality of life. It was evident that resident's health and social care needs were developed through a person-centred approach with attempts to involve the residents at each stage. Each resident had goals in place which was meaningful for them. One resident an identified goal of attending singing lessons and this had not been clearly documented. However on reviewing the residents actively log and speaking to the resident this goal had been achieved. Resident's plans were seen to be reviewed regularly. Two residents were observed throughout the day of the inspection choosing activities of their choice and independently accessing the community. Two residents attended local day services as per their wishes.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests.

These included activities in the centre and the wider community. Two residents accessed a retirement group weekly, while two other residents attended different day services located nearby. Residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of a semi-detached two-story house in the suburbs of a city. Residents had access to their own private space and communal area. Residents had access to a back garden and patio area with some seating. The centre was maintained and had plans to renovate a residents en-suite and a new fitted kitchen was being put in place in the coming weeks.

Judgment: Compliant

Regulation 20: Information for residents

The person in charge ensured all residents had access to information in written and verbal formats. Residents also had access to a copy of a resident's guide which contained the required information.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by policies, procedures and practices relating to health and safety and risk management. The person in charge ensured that there was a risk register which they reviewed regularly as did the provider. General and individual risk assessments were developed and there was evidence that they were reviewed regularly and amended as necessary.

There was evidence that risks were reviewed after incidents occurred in the centre and that areas where risk was no longer assessed as present were reviewed and closed.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control practices were being followed. The centre was seen to be clean on the day of the inspection and cleaning schedules were in place for the centre which were seen to be well maintained. Residents had contingency plans in place which indemnified clearly how residents would be supported in the event of an outbreak of an infectious disease.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre. There were suitable fire containment measures in place. Fire drills were completed regularly. Each resident had a personal emergency evacuation plan in place which clearly identified the needs of the residents to evacuate.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of medicines. Each resident was supported to be independent in administering their own medications. The person in charge had ensured each resident had a self-assessment completed and oversight systems were in place to support residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the residents' personal files. Each resident had a comprehensive plan in place which identified the resident's health, social and personal needs. The plan informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

A resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. The plan in place was seen to be clear and identified triggers, escalation stages and reactive strategies. The centre had no restrictive practices in place on the day of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were supported to make decisions in their day to day lives. Residents were supported by the staff team to be independent and to maintain these skills. Residents were kept informed on decisions regarding the centre at regular residents meetings and residents had recently chosen a new fitted kitchen for their home.

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 (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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick - Group E OSV-0003943

Inspection ID: MON-0032855

Date of inspection: 18/09/2023

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 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>The PIC will ensure that all staff attend mandatory training, including updates, as required.</p> <p>Outstanding staff refresher training in medication management will be complete by 30.11.2023.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider will ensure that outstanding policies are reviewed. Review of policy on the use of CCTV will be complete by 30.10.2023. Review of policy on records management will be complete by 30.11.2023.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/11/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2023