



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 J
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	20 April 2021
Centre ID:	OSV-0005754
Fieldwork ID:	MON-0032140

About the designated centre

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

The designated centre provides a residential community service and is home to four adult females with a moderate or severe level of intellectual disability. The centre is a detached dormer bungalow on its own site, located in a rural setting on the outskirts of Limerick City. The building comprises of a ground floor sitting room, kitchen / dining room, bathroom / shower room and toilet. Four single bedrooms are on the ground floor. The first floor accommodates a staff office and laundry area, a staff sleepover bedroom and a shower / toilet room. Externally there is a large garden with a decking and patio area. Day services and day facilities are provided to three residents off site. One resident avails of a retirement programme within the designated centre and the local community. The team are led by a social care leader and is comprised of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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
Tuesday 20 April 2021	09:30hrs to 15:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with the four residents who resided in the centre. Some of the resident group did not have the ability to fully converse with the inspector however the residents' relaxed appearance, relationship with staff and their facial expressions suggested that the residents were content in their home. One resident who had the ability to converse told the inspector that they were happy in their home.

The inspector noted the respectful manner in which one staff member described what activities the resident was going to do that morning. Some residents were going out for a drive and other residents were going out for a walk. All residents were treated with respect and dignity and it was obvious to the inspector that this was the regular practice.

The inspector observed all of the residents being supported by staff members who knew them well and were aware of their individual needs and preferences. For example the staff team supported one resident when they dropped to the ground, they were aware of the need the resident had for the sensory input and met their needs appropriately while maintaining the residents safety. Interactions between staff and residents throughout the inspection were relaxed and respectful.

The residents were well informed around COVID 19, advocacy and rights and indicated that they were treated with respect by the staff in the centre who were supporting them to go for walks and drives. The residents bedrooms were decorated beautifully in line with their personal taste

Throughout the inspection the staff were very supportive of the residents and were very skilled at encouraging the residents to be independent. The centre was warm and clean and was very homely. It was decorated with the residents belongings, personal items and photographs. There was a pleasant atmosphere during the inspection and the residents appeared very happy and comfortable in their home.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre.

The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example staff spoken with were very knowledgeable regarding supports residents required at mealtimes. Some residents required a textured diet as they were diagnosed with dysphagia.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. Staff had received significant training in infection prevention and control and also the required safeguarding training, fire training and positive behaviour support. Discussions with staff indicated that they were trained and were implementing their training in practice.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in October 2020 and a review of the quality and safety of service was also carried out in November 2020. This audit included residents views and also reviewed staffing, quality and safety, safeguarding and an analysis of incidents. Some areas identified for review were: to update communication plans for resident, to review residents goals and some staff to attend manual handling training. These audits resulted in action plans being developed for quality improvement and actions identified had been completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing
The person in charge had an actual and planned rota which was in line with the statement of purpose.
Judgment: Compliant
Regulation 16: Training and staff development
The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations.
Judgment: Compliant
Regulation 23: Governance and management
Clear management structures and lines of accountability were in place. A range of audits were carried out.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.
Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a needs assessment completed with the residents. The assessment of needs included review of the residents' behaviour support needs. The support plan gave clear guidance for staff on how to support the resident. The staff were able to tell the inspector of the supports and strategies put in place for the resident and how they were implementing such supports. For example staff spoken with identified potential antecedents to a residents behaviour and explained that one behaviour strategy they used was distraction and this was very effective in preventing behaviours that may challenge.

While an assessment of need was completed, goals outlined were very general and not individualised. The goals outlined in the person centred planning process were very broad and not specific to the resident. For example one goal mentioned was 'to increase physical activity however there was no indication of what this might entail, (walking, cycling, yoga etc) who might support the resident to achieve the goal and in what time frame it could be achieved.

The provider ensured that the resident received appropriate care and support in accordance with assessed needs, however social integration activities appeared somewhat limited. The residents did utilise some local amenities however the inspector noted that drives featured heavily on the daily activity planner. This was discussed with the person in charge on the day of inspection who explained the residents were more active in their community than was documented. However this was not evident in the residents activity logs which the person in charge committed to addressing.

The person in charge had ensured that the residents were assisted and supported to

communicate in accordance with their needs and abilities. The residents had access to television, Internet and video calling for the purpose of keeping in contact with family and friends during COVID 19 restrictions.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. For example the person in charge had ensured that a falls assessment was carried out for one resident. This assessment was completed as a result of residents mobility issues. The residents mobility was assessed and appropriate measures put in place to facilitate them walking unaided for short periods within the centre. This promoted independence and self confidence for the resident as they had to use a wheelchair when going outside the centre. This was risk assessed for the potential risk of falling for the resident.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents belongings.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out monthly and found that they indicated that the residents could be safely evacuated in 1 minute. Personal egress plans were in place for both residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with a staff member regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns and were familiar with the safeguarding plan that was in place.

The provider had ensure that the residents rights were respected and that they exercised choice and control in their daily lives. This was evidenced in the residents file as their voting rights had been discussed, and there right to choose whether they had the flu vaccine or COVID 19 vaccine. There consent was sought for all of

the above and there was evidence of regular house meeting and choice around meal planning.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs, however social integration activities appeared somewhat limited.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had ensured that a assessment of the residents needs had been completed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While an assessment of need was completed, goals outlined were very general and not individualised.

Judgment: Substantially compliant

Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensure that the residents rights were respected and that they exercised choice and control in their daily lives.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick Group J OSV-0005754

Inspection ID: MON-0032140

Date of inspection: 20/04/2021

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 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The PIC will review residents’ activities in the centre to enhance community integration.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will ensure that goals are reviewed to ensure they are personalized to each resident and sufficiently detailed.	

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/07/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/07/2021