



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 April 2024
Centre ID:	OSV-0005754
Fieldwork ID:	MON-0034304

## About the designated centre

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

Community Residential Service Limerick Group J a detached dormer bungalow on its own site, located in a rural setting but within a short driving distance to a nearby city. The centre provides full time residential support for a maximum of four female residents, over the age of 18 with intellectual disabilities. Support to residents is provided by the person in charge, social care workers and care assistants with some nursing support also. Each resident has their own bedroom and other facilities in the centre include bathrooms, a living room, a kitchen/dining room and staff rooms.

**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 15 April 2024	09:30hrs to 18:00hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations and following an application to the Chief Inspector of Social Services to renew registration of the centre. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with two staff members who were on duty and with the four residents who were living in the centre. The inspector also reviewed four questionnaires that had been completed by residents which indicated satisfaction with the service.

The designated centre comprises of a dormer style two storey house located on a large site in a rural setting. Residents living in this centre had resided together for many years and knew one another well. The house was found to be well maintained and visibly clean throughout. It was bright, comfortable, and furnished in a homely manner. There were framed photographs of residents and photo albums showing residents enjoying a variety of activities and events. Accommodation for residents was provided on the ground floor. Each resident has their own large bedroom. Bedrooms were found to be decorated in line with residents personal preferences, had adequate personal storage space and were personalised with residents own effects including framed artwork, photographs and items of significance to them. A separate bathroom and shower room were provided. Residents shared the communal areas including a sitting room and large bright kitchen/dining room. Residents had access to a large outdoor decking area and garden at the rear of the house which could be accessed directly from the kitchen and two of the bedrooms. The ground floor was wheelchair accessible. There was an array of colourful spring plants which residents had planted in a variety of pots and containers providing an inviting and colourful entry to the house.

On the morning of inspection, three of the residents had already left to attend their respective day service. The inspector met with one resident who was relaxing in the sitting room. They were provided with an individualised day programme from the house and were getting ready to leave to attend a retirement group activity. The inspector met with all four residents later in the afternoon on their return to the centre. Some residents spoke with the inspector while others were unable to tell the inspector their views of the service. They appeared to be in good form, content and relaxed in the company of staff and in their environment. Some residents told the inspector how they liked living in the house and got on well with one another. Staff on duty were observed to be very attentive to residents support needs and spoke kindly and respectfully with residents, and responded promptly to requests for information and support. Staff and residents chatted together in a relaxed and familiar way. Residents were observed smiling as they joined in song with a staff member while waiting for their evening meal.

The inspector observed the evening meal experience. Staff spoken with confirmed that residents decided on the weekly meal plan which was displayed. Staff spoken with were very knowledgeable regarding the individual recommendations of the

speech and language therapist for each resident. The inspector noted that modified consistency meals were prepared in line with these recommendations and were presented in an appetising manner. Assistive dining aids and utensils were provided for some residents to promote enjoyment and independence while eating. Residents spoken with indicated they enjoyed their meals.

There was evidence of ongoing consultation with residents. During the inspection, the inspector observed that staff consulted with individual residents regarding all aspects of supports required. There were monthly house meetings held and residents were consulted with in regard to upcoming events, meal planning, and personal goals. The minutes of recent house meetings reviewed showed that the charter of rights, including right to privacy, consent, how to make a complaint, the minutes of recent advocacy group meetings, the outcome of recent health and safety audits, fire drills and changes to staff had been discussed with residents.

From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it appeared that staff strived to support residents have good quality lives in accordance with their capacities, and were involved in activities that they enjoyed in the community and also in the centre. It had been identified that additional staffing was now required in order to better support social activities due to increased needs of residents. Three of the residents now required the use of wheelchairs while partaking in community based activities and another required one to one support of staff while mobilising. The person in charge confirmed that a business case for additional funding had been recently submitted to the provider. The centre had its own vehicle which residents could use to attend activities and the provision of a new larger and more suitable vehicle had been requested. Staff spoken with confirmed that they supported residents to take part in a range of activities, including going for regular walks and drives. Residents regularly enjoyed shopping trips, going for coffee, eating out and attending music concerts. Some residents liked to visit local churches and light candles. Residents also enjoyed spending time relaxing in the house, completing table top activities, watching television, listening to music and hand and foot massage. Residents also enjoyed monthly reflexology sessions in-house. Some residents enjoyed spending time outside during warm weather and some enjoyed gardening activities.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. All staff had completed training on human rights. Staff continued to ensure that residents' preferences were met through daily consultation, monthly house meetings, the personal planning process and ongoing communication with residents and their representatives. It was evident that residents individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents' lives.

## Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was well managed and the compliance plan submitted following the previous inspection had been addressed.

The post of the person in charge was full-time. The post was currently being filled by two persons who had the responsibility over two designated centres. The persons in charge were supported in their role by clinical nurse managers and the service manager. There were on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre.

Staffing levels in the centre had continued to be reviewed. It had been identified that additional staffing was required in order to better support residents partake in social activities and a business case for additional funding had been recently submitted to the provider.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff including relief staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider and local management team had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. Recommendations as an outcome of this review had largely been addressed, however, the provision of a new vehicle was still outstanding. The provider had completed an unannounced audit the week prior to the inspection, however, a report on the findings was not yet available. The inspector reviewed the findings of the previous provider led audit completed in November 2023. Actions as a result of that audit had been completed with the exception of a new suitable replacement vehicle.

The local management team continued to review areas such as fire safety, health and safety, medication management and infection, prevention and control. The results of recent audits reviewed indicated satisfactory compliance. It was evident that the findings from these reviews were regularly discussed with staff at team meetings and with residents at house meetings. The person in charge continued to meet regularly with the clinical nurse managers and service manager to discuss risk and other issues pertaining to this centre.

## Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

## Regulation 14: Persons in charge

The post of the person in charge was full-time. There were two persons employed in the post, they had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels in the centre had continued to be reviewed to ensure that they were adequate to meet the number and assessed needs of residents. A business case for additional staff resources had been recently submitted in order to meet the increased support needs of residents while partaking in activities of their choice in the community.

The current staffing levels were in line with that set out in the statement of purpose. One resident was provided with one to one staff during the day time and there were two staff on duty during the morning, afternoon and evening. There were two staff on duty at night time, including one sleepover staff and one active waking staff member. The staff roster reviewed indicated that this was the regular staffing pattern. There were no current staff vacancies. Nursing supports were available and provided as required.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional



training in various aspects of infection prevention and control, dysphagia, restrictive practice, human rights, assistive decision-making and dementia care had been provided to staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

### Regulation 21: Records

Records as required by the regulations were maintained in the centre. Records were found to be orderly, clear and up-to-date. All information requested by the inspector was made available in a timely manner.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The provider had systems in place to ensure that the service was safe and effectively monitored.

Some improvements were required to ensure that actions as a result of these reviews were addressed in a timely manner, for example, additional staffing resources to support residents partake in social activities of their choice in the community and the provision of a new vehicle to support social outings had yet to be provided.

While a review of restrictive practices in use had recently taken place, further oversight and improvements were required to the supporting documentation in order to provide assurances that restrictions in use were being managed in line with national policy.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was knowledgeable regarding the notifications required to be submitted to the Chief Inspector. All required notifications had been submitted since the previous inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure had been discussed with residents at a recent house meeting. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no complaints received during 2023 and to date during 2024.

Judgment: Compliant

## Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. However, as discussed under the capacity and capability section of the report, improvements were required to ensure that additional staffing resources were provided as assessed to meet the increased mobility support needs of residents and to support their choice accessing social outings in the community. While a review of restrictive practices in use had recently taken place, further improvements to the supporting documentation was required.

Residents appeared to be comfortable in their environments and with staff supporting them. Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health-care needs including residents with specific health-care conditions. The inspector reviewed the files of two residents and noted that a comprehensive assessment of the residents health, personal and social care needs had been completed. A range of risk assessments had been completed and care and support plans were in place for all identified issues including specific health-care needs. Residents had access to general practitioners (GPs), out of hours GP service

and a range of allied health services.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. While safeguarding risks had been identified and were being managed in the centre, there were no active safeguarding concerns at the time of inspection. All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place.

There were systems in place for the management and review risk in the centre including systems for fire safety management and infection, prevention and control procedures. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Identified risk, fire drills, infection, prevention and control were regularly discussed with both staff and residents at regular scheduled meetings. Staff on duty demonstrated good fire safety awareness and knowledge on the workings of the fire alarm system.

### Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. Some residents regularly received visits from family members and friends while some were supported to visit family members at home.

Judgment: Compliant

### Regulation 13: General welfare and development

Staff strived to ensure that residents were supported to engage regularly in meaningful activities both in the house and out in the community, however, the provider needed to ensure that sufficient staffing and transport arrangements were in place to facilitate this, as discussed, under Regulations:15 and 23 in the capacity and capability section of the report. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was located in a rural area but was a short drive to a range of amenities and facilities in the nearby city.

Judgment: Compliant

## Regulation 17: Premises

The house was designed and laid out to meet the number and needs of residents.

The house was found to well maintained, visibly clean, furnished and decorated in a homely style. Further redecoration works had been completed since the previous inspection.

Specialised equipment including beds were regularly serviced and maintained in good working order.

The design of the house promoted accessibility. All areas of the ground floor and outdoor areas were wheelchair accessible.

Assistive dining aids were provided to support and promote the full capabilities and independence of residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All residents had a recently updated personal emergency evacuation plan in place. Incidents were reviewed regularly by the local management team. There were regular reviews of health and safety completed by the health and safety officer. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system in place. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were carried out and recorded. Staff spoken with were knowledgeable regarding the workings of the fire alarm system and the layout of the centre. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and residents. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans were developed in consultation with residents, family members and staff. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed. The inspector noted that individual goals were clearly set out for 2024. Each resident's personal outcomes were documented in an easy-to-read picture format. There were systems in place to discuss, review and record regular progress on achievement of individual goals.

Judgment: Compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs). Nursing staff were available to support the health care needs of residents. The person in charge advised that nursing staff also supported residents attend medical appointments. A review of a sample of two residents' files indicated that residents had been regularly reviewed by their GP. Residents had also been reviewed by the speech and language therapist (SALT), occupational therapist (OT), physiotherapist, psychologist, behaviour support specialist, dentist and chiropodist. Residents had also been supported to avail of vaccination and national screening programmes.

Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some improvements were required to the documentation to support the use of restrictive practices including the use of bed rails and audio monitor in order to comply with the national policy. Restrictive practices in use had recently been reviewed by the multidisciplinary team and there was a planned reduction in some restrictions in use on a trial basis. Risk assessments had been completed for the use of these restrictions and safety checks were being carried out half hourly by staff at night-time. However, the rationale for the use of these restrictions was not always clear in the records reviewed, and other alternatives trialed or considered were not documented.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to information in a suitable accessible format. Residents were supported to communicate in accordance with their needs. Residents had access to advocacy services, resident representatives were appointed to the local advocacy group which met regularly and provided feedback to all residents in the group. Restrictive practices in use were reviewed and there was a

plan in place to reduce some restrictions in use. Residents were supported to visit and attend their preferred religious services and all residents were registered to vote.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	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
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



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

Inspection ID: MON-0034304

Date of inspection: 15/04/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will progress business case in order to ensure adequate staffing levels to meet the needs of residents in the centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will progress business case in order to ensure adequate staffing levels to meet the needs of residents in the centre.  The registered provider will ensure that documentation to support restrictive practices is reviewed and provides clarity regarding the rationale for restrictions in place.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

The registered provider will ensure that documentation to support restrictive practices is reviewed and provides clarity regarding the rationale for restrictions in place.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/08/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/08/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Substantially Compliant	Yellow	30/06/2024

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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