



# 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 C
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	25 August 2022
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0031454

## About the designated centre

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

This designated centre comprised two houses within one kilometre of each other. A full-time, residential service is provided in both houses. The houses are located in suburban, residential areas on the outskirts of Limerick city. One house is a bungalow, the other a two-storey house. The centre is registered to accommodate eight residents, four in each house. There is a self-contained area for one resident in one of the houses. Both houses are within walking distance of a range of amenities, including public transport routes.

Residents present with a diverse range of needs and the service provided reflects this. In one house all residents leave early each morning to attend a range of day services. Some of the residents in the other house enjoy a slower pace of life and participate in a retirement programme.

A social care model of support is provided in the centre by a team of social care staff and care assistants led by the person in charge. One staff member is allocated to each house and to the self-contained area of one house when residents are present. There is one sleepover staff in each house by night. Senior management and nursing support is available from the provider's main campus which is located nearby.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 August 2022	09:25hrs to 17:50hrs	Caitriona Twomey	Lead

## What residents told us and what inspectors observed

The designated centre comprised two houses within one kilometre of each other in a residential area on the outskirts of Limerick City. The centre was registered to accommodate eight residents, with four living in each house.

One house was a bungalow which incorporated a self-contained living area for one resident. Since the last HIQA (Health Information and Quality Authority) inspection of this centre, work had been completed in the kitchen and sun room which served as the living room. These areas were freshly painted and a new suite of furniture and soft furnishings were in place. There was a utility room and staff bedroom in this house which also functioned as an office. The self-contained living area could be accessed from the main house but also had its own separate entrance. A sign in the house outlined the resident's preference that their own front door be used to access their home. This area included a bedroom with an en-suite bathroom and a combined kitchen and living area. This area was bright and decorated to reflect the resident's interests and preferences. In the two-storey house residents had access to a kitchen, downstairs toilet, utility room and living room. There was one downstairs bedroom, with four upstairs. One of these served as a staff bedroom and office.

Both houses were bright, clean and decorated in a homely manner. Artworks and photographs were on display in both houses. Televisions were available in living room areas and in some bedrooms, depending on residents' preferences. In both houses each resident had their own bedroom, with three of the eight bedrooms having an en-suite bathroom. There was also a communal bathroom in each house. Residents in both houses had access to garden areas and this was of particular interest to some of the residents.

This was an unannounced inspection. The inspector arrived at the bungalow first and met with one staff member and a resident who had just finished their breakfast. One resident had already left for their day service and the other two were resting in their bedrooms. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector adhered to these throughout the inspection. At the time of this inspection there were seven residents living in the centre. The inspector had the opportunity to spend time with all of the current residents of the centre. An eighth resident was in the process of moving into the two-storey house and had visited on a number of occasions. This potential move was under review and as such there was no definite date for this resident to move in. During the inspection the inspector also met with the acting social care leader, person in charge and other members of the staff team.

On arrival, the inspector was shown around the centre by one of the residents. They also gave the inspector a tour of the garden areas. This resident was very knowledgeable about the garden and clearly took great pride in the plants, flowers and vegetables growing there. The resident spoke with the inspector about how

much they enjoyed living in this house and also briefly discussed where they had lived before. While positive about both, they told the inspector that they preferred their current home as it was easier for them to access and they had more opportunities for gardening. They were also complimentary about the staff support given to them in pursuing this interest. Later, the inspector saw this resident tending to the garden and leaving the centre independently. This resident invited the inspector to see their bedroom. This had been decorated with input from the resident and was reflective of their interests and personality.

Another resident also invited the inspector to see their bedroom and showed them some of their artwork. This resident was due to attend the hospital for medical treatment later that day. They received this treatment regularly and spoke with the inspector about their appointment and how they kept themselves busy while in the hospital. They spoke positively about the care they received while in hospital and also about the support received from residential staff. Due to their medical condition, this resident followed a specific diet. Staff spoken with were familiar with this diet and what it entailed.

The third resident living in the house did not communicate verbally with the inspector but did greet them using an elbow tap, in keeping with public health guidelines. They appeared at ease in the centre and with the staff support provided, smiling frequently. They were also independent in many areas and were observed completing many tasks of daily living while in the house.

A fourth person was also in this house on the day of the inspection although they did not live there. This person was sitting in the living room watching television when the inspector arrived and was happy to speak with them. This person was very positive about their experiences when in this designated centre. They spent weekdays in the centre as the designated centre where they lived was not staffed during the day. This arrangement will be discussed further later in this report.

The inspector met the person living in the self-contained area of this house when they returned that afternoon. This resident was supported by their own assigned staff member. They told the inspector that they were very happy in their home and also spoke positively about their peers living in the main area of the house. The inspector was told that at times this resident joined their peers for certain activities such as watching a film or for a music night. These were positive experiences for all involved. Previously this resident had found living with others difficult and their current living arrangement had had a very positive effect on their overall wellbeing and on that of their former housemates. This resident had access to their own enclosed garden area where they enjoyed spending some time during the recent good weather.

Later, the inspector visited the two-storey house. Residents had moved into this house in December 2020. When the inspector arrived all three residents were eating their evening meal. They later sat with the inspector in the living room and had a conversation about their experiences of living in the centre. All three were very positive about living in this house and with each other. They told the inspector that they felt safe and contrasted this with their previous experiences of living in another

house. The residents spoke about the person who may be moving into the house and welcomed this change. On the day of the inspection, the staff member's dog was in the centre. The residents were delighted with this and spoke of their wish to have a pet of their own, as they had previously.

Residents highlighted to the inspector how well they got on with each other and spoke about a recent night away that they had enjoyed. They also spoke about their neighbours and recent conversations they had had with them. One resident expressed their disappointment that the business where they had worked for a number of years had closed during the pandemic and spoke about the options they were considering with the support of their job coach. One resident spoke about visiting their home county last Christmas and their wish to go back again soon. Residents were very knowledgeable about the running of the centre and spoke with the inspector about some of the systems in place such as meal planning, fire drills and monthly house meetings. Overall this group of residents were very positive about the centre and the supports they received. There was one exception whereby a resident expressed that they did not have enough room to store their belongings in their bedroom. They told the inspector that staff had helped them to create more space by moving some things to the garage but they still did not feel the space was adequate. The inspector informed management of this at the feedback to this inspection and was assured that it would be looked into.

Staffing arrangements in the centre on the day of inspection were consistent with those outlined in the designated centre's statement of purpose. In addition to these, another member of staff was rostered to support one resident with a medical appointment and the acting social care leader was rostered to complete supernumerary hours. There was one staff member working in the bungalow during the day. Another staff member worked in the self-contained living area from when the resident who lived there was present until 10:00 PM. There were systems in place to ensure that if this resident required staff support after 10:00 PM, it would be provided immediately. One staff member completed a sleepover shift in this house. All residents in the two-storey house attended day services. One staff member worked in this house when residents were present, with one staff completing a sleepover shift by night.

It was clear that warm and supportive relationships had been developed between residents and members of the staff team. The inspector met with one staff member who was part of the relief staff team. They had worked in the centre many times and displayed a very good understanding of the residents and their support needs. All interactions observed were respectful, warm and unhurried. Residents' independence was supported and encouraged. Staff spoke very positively about working in this centre.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The centre's medication management practices were

reviewed. While an up-to-date policy was available and audits had been completed, improvement was required to ensure that the provider's own procedures were being implemented in the centre. Revision was also required to some residents' written agreements regarding living in the designated centre. The inspector also looked at a sample of residents' individual files in both houses. These included residents' personal development plans, healthcare and other support plans. These were generally of a good standard. Areas for improvement were identified and will be outlined in more detail in the remainder of this report.

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 to each resident living in the centre.

## Capacity and capability

The provider had adequately resourced and staffed the centre to ensure a safe, consistent service was provided. At the time of this inspection, the provider was awaiting the appointment of personnel to key management positions. While there was evidence of good management practices, additional oversight was required to ensure the systems in place were implemented consistently.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. All support staff reported to the acting social care leader who reported to the person in charge. There had been changes to the management arrangements in the centre since the last HIQA inspection in November 2020. The centre did not currently have a person participating in management. This role had been vacant since March 2022. The inspector was informed that a person was due to start in this role the following month. The previous person in charge had also left their position in March 2022 and since then a senior manager had been fulfilling this role. This was an interim arrangement and recruitment was ongoing. The provider had kept HIQA updated during the recruitment process. An acting social care leader had been appointed and worked only in this centre. They informed the inspector that they spoke with either the person in charge or another senior manager several times a week. Regular management meetings were also scheduled regarding this centre.

Despite these arrangements, given their large remit, it was acknowledged by the provider that the person in charge was unable to have the level of presence and oversight in the centre required by this role. It was identified in the course of the inspection that additional management oversight was required to ensure that staff working in the centre were aware of, and implementing, the provider's systems, policies and procedures as documented. For example, staff spoken with were not aware of the system in place for one resident to access support overnight. It was

also found that despite a direction in November 2021 to remove information relating to residents from a folder developed for relief staff, this information remained available on the day of this inspection. As will be outlined in the next section of this report, it was also found that medication management processes were not implemented as documented in the centre.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in October 2021 and involved consultation with residents and their representatives, as is required by the regulations. Unannounced visits had taken place in November 2021 and March 2022. Where identified, there was evidence that the majority of actions to address areas requiring improvement were being progressed or had been completed. For example, it had been highlighted that staff supervision was not taking place in line with the provider's own policy. It was a finding of this inspection that a supervision schedule was in place for 2022 and was being implemented.

The inspector reviewed the records relating to staff meetings in one of the houses. There was a set agenda for these meetings which incorporated discussion regarding each resident and their personal development goals. This ensured that staff were aware of, and remained focused on, what was important to the residents living in the centre. The record of documented incidents that had occurred in the centre was reviewed. All adverse incidents, as outlined in the regulations, had been notified to the chief inspector, as required.

The inspector reviewed the staff training records in one of the houses. Records were available for eight staff including the acting social care leader. All staff had recently completed training identified as mandatory in the regulations. There was one exception to this where one staff required training in the management of behaviour that is challenging including de-escalation and intervention techniques.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the names of the management staff were accurate and reflective of recent changes, and the organisational structure of the designated centre was legible.

### Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered had paid the annual fee outlined in this regulation.

Judgment: Compliant

## Regulation 15: Staffing

Staffing was routinely provided in the centre in line with the staffing levels outlined in the statement of purpose. The number and skill mix of staff was appropriate to the number and assessed needs of the residents, and the size and layout of the designated centre. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

One staff member required training in the management of behaviour that is challenging including de-escalation and intervention techniques. Aside from this, all staff, in the sample reviewed by the inspector, had recently attended the trainings identified as mandatory in the regulations.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. There was a clearly-defined management structure in place and evidence of good oversight in some areas. However, increased management presence and oversight was required to ensure that the provider's policies and audit action plans were implemented as outlined and that staff were aware of key information.

Judgment: Substantially compliant

## Regulation 24: Admissions and contract for the provision of services

The written service agreements for some residents in one of the houses referenced the house where they lived previously. These required review to ensure they reflected the service currently provided to residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to ensure that it reflected the current management arrangements in the centre and the organisational structure was legible.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the chief inspector was notified, within the time frames specified, of the occurrence of any of the incidents specified in this regulation.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had informed the chief inspector of the procedures and arrangements in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

Residents were happy living in this centre. They lived a full and busy life, where their independence and opportunities for choice and control were encouraged. Some improvements were required to ensure that each resident received a safe and consistent service and the provider's policies were implemented as outlined.

In one house, all three residents attended day services and other training or employment opportunities from Monday to Friday. In the other house three residents had retired while still enjoying activities in their home and the local community. They also attended some activities offered as part of a retirement group run by the provider. The resident who lived in the self-contained area of that house also attended a day service. Residents enjoyed a broad range of activities including gardening, art, word puzzles, music, watching films, horse riding, shopping for clothes, swimming, cinema, concerts, birthday celebrations, bowling and visiting

friends. It was clear that all seven residents valued their independence and that staff recognised, respected and encouraged this.

Residents' meetings were held monthly in the centre. A wide variety of topics were discussed at these meetings. These included previous and planned activities, updates on news and activities across the organisation such as staff retirements, and updates that related specifically to this centre such as new staff, maintenance works, garden improvements and the appointment of a new advocacy representative. General information was also shared and discussed. Recent topics included consent and the current COVID-19 measures. Advocacy meetings, involving representatives from this centre, were also held regularly in the organisation. It was clear that residents were both consulted and actively involved in the running of the centre.

While in one of the houses, the inspector met with a resident of another designated centre who spent time in this designated centre during the day during the working week. Records indicated that there had been one adverse incident involving this person and a resident of the centre five months prior to this inspection. A safeguarding plan was in place for the resident and was reviewed by the inspector. It was documented in this plan, and relayed by management during the inspection, that alternative options were being explored for this person and how they spent their day. There were no incidents, complaints or concerns documented since then or reported to the inspector when speaking with staff or residents. Management advised that this arrangement was being closely monitored. As part of this arrangement, staff of this designated centre were to have access to key information regarding this resident, including their behaviour support plan. This was not available on the day of inspection. Management committed to ensuring this information was available when this person was in the centre in future.

The inspector reviewed a sample of the residents' assessments and personal plans in each house and found that they were comprehensive and provided clear guidance to staff on the supports to be provided to residents. Residents' involvement in the development and review of their support plans was documented in some cases. A multidisciplinary review of these plans had been completed in the last 12 months, as is required by the regulations. Residents had not attended these review meetings. Although there was a space on the meeting template, it was not documented if residents had been informed of the outcome of these reviews.

Appropriate healthcare was provided to residents in line with their assessed needs. One resident had a chronic health condition which required regular hospital visits. All staff who spoke with the inspector were very knowledgeable about this condition, its impact on the resident and the supports to be provided to support them with this. However, this level of knowledge and awareness among all staff was not evident for another assessed healthcare need, including symptoms to be vigilant for. It was noted that the provider had arranged for a registered nurse to review the healthcare plans in place for each resident and their input was evident. There was evidence of regular appointments with medical practitioners including specialist consultants as required. Residents also had access to national screening programmes. There was evidence of input from allied health professionals such as psychologists, as required.

Residents who required them had plans in place to guide staff on how best to support them with any behaviour challenges. These had been recently reviewed and developed with input from multidisciplinary professionals.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. Personal development goals outlined what each resident wanted to achieve in the year. These goals were noted to be meaningful to the residents and consistent with their individual interests. There was evidence that these goals were reviewed regularly in line with provider's own policies and procedures. Residents had been supported to achieve and work towards achieving their goals. Photographs had been taken documenting residents' accomplishments. Of the sample reviewed, there was one exception where it appeared that little progress had been made 11 months after one resident's goals were developed. It was not clear why this was the case. It was noted on some occasions that residents had changed their minds about their goals and were supported to focus on something else instead. This person-centred approach ensured that residents remained in control of these plans.

As outlined in the opening section both houses were warm, bright and recently decorated. One house was smaller than the other and both staff and a resident highlighted that more storage was required there. Management advised that it was hoped to extend this property but there were no immediate plans for this to take place. Residents had access to laundry facilities and staff explained that all participated in this activity to some degree. It was a goal for one resident to be more involved in the management of their own laundry. The kitchens in both houses were well-equipped and stocked with nutritious food. Residents in both houses were very positive about the food they ate. Some residents chose to be involved in meal preparation, with others explaining to the inspector that it did not interest them.

The inspector reviewed some of the systems in place regarding the prevention and control of healthcare-associated infections, including COVID-19. There was a documented contingency plan to be implemented in the event of a suspected or confirmed case of COVID-19. This plan included an assessment of each resident's ability to isolate if required. The inspector was informed that if residents were required to share a bathroom during an outbreak, it would be cleaned and disinfected by staff after each use. Although public health information regarding COVID-19 was available in the centre, these were not the most up-to-date versions of these documents. Accessible information had been prepared for residents regarding COVID-19. Staff had completed training in infection prevention and control measures, including hand hygiene. Staff were required to wear surgical masks, in line with current public health guidelines. One staff member was observed to remove their mask on occasion while working in the centre. Both houses in the centre were observed to be clean and high-touch surfaces were cleaned twice a day by staff. It was noted that the surface of a bathroom unit was damaged in one house. As a result it would not be possible to effectively clean this surface.

From a review of incidents, it was noted that there were a number of medication errors recorded. Audits regarding medication management had been completed in both houses of the centre in May 2021. Where identified, there was evidence that

actions had been completed to address areas requiring improvement. The inspector reviewed the medication management processes in place in one house with a staff member. It was explained to the inspector that only permanent staff completed some medication management practices. These included ordering and documenting the receipt of medications from the pharmacy. Medications were stored securely in an area of the staff office. A separate area was available to store out-of-date medications or any others that needed to be returned to the pharmacy.

The provider's policy was available which outlined processes regarding the ordering, receipt, prescribing, storing, disposal and administration of medicines. A member of staff guided the inspector through some of the checks implemented to reduce the risk of any medication errors. In the course of this discussion and demonstration it was identified that some staff checked the medications received against the labels attached, as opposed to the resident's prescription. It was also noted that although many residents' medications were provided in packets marked with the times and dates to be administered, staff were not administering them in accordance with the dates documented. From a review of documentation shown to the inspector, it appeared that not all 'as needed' medications were counted regularly and that some were re-ordered when there were none in stock in the centre. These practices were not in keeping with the provider's policy. At feedback, management committed to ensuring that all medication management practices in the centre were consistent with the provider's policy.

### Regulation 13: General welfare and development

Residents had access and opportunities to engage in a wide variety of activities in line with their preferences, interests and wishes. They regularly spent time in their local community.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean, well-maintained, decorated in homely manner and laid out to meet the needs of the residents. One resident expressed that they did not have sufficient storage in their bedroom. Management committed to addressing this.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The food provided in the centre was nutritious. Residents were offered and supported to make choices at meal times. Some residents participated in meal preparation or baking. Staff had a good understanding and awareness of residents' dietary needs.

Judgment: Compliant

### Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. Although the centre was observed to be clean, there were some damaged surfaces, most notably in bathrooms. As a result it would not be possible to effectively clean these surfaces. Not all staff were observed wearing personal protective equipment in line with public health guidelines. The most recent public health guidelines were not available in the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Improvements were required to ensure that the medication management practices implemented by all staff in the centre were consistent with the provider's policy.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of each resident had been completed. Each resident had a comprehensive personal plan that had been subject to a multidisciplinary review. Overall residents' personal development plans were of a high standard. Improvements were required in the supports provided to one resident to achieve their personal development goals.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to

medical practitioners and allied health professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had sufficient knowledge and skills to support residents of this centre whose behaviour at times was challenging. However they did not have access to up-to-date information for another resident who routinely spent long periods of time in the centre.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had responded to safeguarding concerns in line with their own policy and safeguarding plans were in place, as required. All staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that staff sought to support residents to develop their independence and exercise their rights. Each resident received a service tailored to their individual needs, preferences and requests. Residents were encouraged and supported to exercise 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially 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 C OSV-0003941

Inspection ID: MON-0031454

Date of inspection: 25/08/2022

## 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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that all staff attend MCB training by 14.10.2022.	
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 ensure regular meetings with PIC and PPIM to oversee progress on actions identified at audit.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered provider will ensure that updated contracts are issued to residents as changes occur.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The PIC will ensure that the Statement of Purpose is updated to reflect changes in personnel as they occur.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The PIC will ensure that residents are supported to store and manage their personal items.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The registered provider has ensured that hard copies of current public health guidelines are available in the centre, complete 26.09.2022.  The registered provider will ensure that all staff are aware of and adhere to public health guidelines, complete 26.09.2022.  The registered provider will ensure that damaged bathroom cabinet will be assessed by maintenance department to determine repair/replacement requirements.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The registered provider will ensure that all staff are aware of the medication policy. This will be overseen by PIC and PPIM.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 The PIC will ensure that progress on personal goals is clearly documented.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 The PIC has ensured that all relevant information is available to staff who support a resident who spends time in the centre, complete 26.08.2022.

## 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	14/10/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2022
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	30/11/2022
Regulation	The agreement	Substantially	Yellow	30/11/2022

24(4)(a)	referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Compliant		
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is	Substantially Compliant	Yellow	30/11/2022

	prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/11/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	26/08/2022