



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

Issued by the Chief Inspector

Name of designated centre:	East Limerick Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	10 January 2024
Centre ID:	OSV-0004779
Fieldwork ID:	MON-0032476

About the designated centre

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

East Limerick Services consists of four detached single storey houses. Three of these houses are located close together on the outskirts of a village while the other is located in the village. The designated centre can provide a full-time residential services for up to 13 residents of both genders with intellectual disabilities who are over the age of 18 years. Individual bedrooms are available for residents and other facilities throughout the houses of this centre include bathrooms, sitting rooms, kitchens, dining rooms and staff rooms. Support to residents is provided by the person in charge, clinical nurse managers, staff nurses, social care workers and care assistants. Staff provide support both by day and night to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
Wednesday 10 January 2024	10:00hrs to 18:00hrs	Elaine McKeown	Lead
Wednesday 10 January 2024	10:30hrs to 18:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. All residents living in the designated centre were met with by either one or both of the inspectors during the inspection. Residents were introduced to the inspectors at times during the day that suited individual routines.

The person in charge introduced one of the inspectors to the residents in their homes during the walk around of the designated centre at the start of the inspection. While it was observed as being a busy time, residents were supported by the staff team in a calm manner. For example, one resident who had a vision impairment was being supported to remain as independent as possible while eating their breakfast in the dining room of their home. A staff member was present in the room ensuring the resident was managing well and they provided a small amount of assistance when required. Another resident was completing some writing activities and looking at a programme on their electronic tablet device at the dining table after finishing their breakfast. They informed the inspector that they were very happy in their home. The person in charge outlined how the resident expressed a preference not to travel on transport vehicles due to their dislike of the motion. However, they enjoyed spending time with staff, completing activities such as writing, and they were supported to have regular visits from a large circle of relatives in the designated centre.

Another resident was being supported to engage in sensory activities. This resident was in the sitting room when introduced to an inspector. They communicated without using words and extended their hand in acknowledgment to the person in charge. A member of the staff whose role was in activation, explained their plan for the morning to assist the resident to attend a swimming pool. This was a stepped approach being undertaken in the months preceding the inspection to introduce the resident to swimming. The staff team was confident it would be an enjoyable activity for the resident once they expressed a wish to go into the water, but this required a gradual process to avoid causing anxiety for the resident. On the day of the inspection, the activation staff planned to bring the resident to the building where the pool was located and let the resident express their preference if they wished to go into the building.

Another resident met with an inspector in the hallway of their home. They spoke with the person in charge briefly before continuing with their morning routine. The inspector met with this resident again later in the afternoon in the sitting room where they were chatting with a peer from one of the other houses. They were planning on having their evening meal together and informed the inspector they liked to socialise together in the community. One of the resident's also told the inspector that they had received booster vaccinations in the afternoon and that they were planning on having a restful evening. The other resident spoke of how they

liked to give presents and gifts to friends and relatives. They spoke about how they had enjoyed spending time with some relatives over the Christmas period. They were happy with the facilities and staff support in the designated centre. This resident also informed the inspector that they had completed a resident survey in advance of the inspection. The Health Information and Quality Authority (HIQA) survey provides an opportunity for residents to give their opinions on their home and the services they receive. The resident requested that their completed survey be returned to them at the end of the inspection. This was done as per the resident's request.

The inspectors were given two other completed HIQA surveys on the day of the inspection. Both contained positive responses to the services the residents received. They were very happy with their home and the staff support provided to them.

An inspector met two residents in the second house. One was going out shopping with a staff member when the inspector arrived but they wished to show the inspector their bedroom before leaving. The resident explained it had been recently painted in the colour they had chosen. They spoke of their interests and liked to watch their own television programmes in their bedroom. Another resident was being supported with table-top activities, which included colouring pictures in the dining room. This resident had recently moved into the designated centre and staff outlined the preferences the resident had for their daily routine. This included listening to programmes and music on their large headphones. The resident acknowledged the inspector but chose to continue with their table-top activity. Later in the afternoon the inspector met another resident living in this same house. They were walking two therapy dogs with a dog handler around the exterior of the designated centre. This resident enjoyed spending time with animals and both dogs were on leads and all participants in the activity seemed at ease and enjoying themselves. The inspector was informed that this resident had also participated in a planned water activity with staff during the morning. This was a scheduled activity for the resident occurring twice per week which they enjoyed.

On entering the third house a staff member was busy supporting one resident who was indicating that they wished to go out for a walk. This was observed to be facilitated once the resident had put on appropriate clothing for the cold weather outside. Another two residents were in the sitting room at the time and did not engage much with the inspector. However, the person in charge spoke of different activities both liked to do and recent visits home to relatives during the Christmas period. The inspector met another of the residents living in this house in the reception area where they communicated without words about their preferred activities. They also had an easy-to-read schedule of their weekly activity planner which the resident referred to when explaining what they were going to do for the day ahead with staff support. The resident was effectively able to communicate with the inspector and also sought assistance from familiar staff when needed to ensure the inspector understood them. This included explaining how they liked socialising in the local public house when traditional music sessions were taking place. This usually happened once a month.

Both inspectors met this resident again at the end of the day. The resident was

supported by staff members to outline the many activities and events they regularly attended. There were laminated photos of the resident attending concerts, social events and spending time with peers visiting community locations shown to the inspectors. Correspondence to the resident from a local school was also given to the inspectors to read which appeared to be cherished by the resident. The resident used sign language to communicate their wish to attend a concert and how they had won money recently on scratch cards that had been given to them as a present. The resident was observed to be smiling and engaging with the familiar staff and appeared happy to engage with the inspectors in a jovial manner.

One inspector was briefly introduced to the resident who lives alone with staff support in the fourth property located in the village. The resident had only moved into the newly renovated property during 2023 and was reported to have settled in well there. The resident was observed to greet the person in charge in a familiar manner as they remained on the transport vehicle. They were going on a planned visit to meet family members. The inspector visited this house with the person in charge while the resident was not present. The house had been decorated to reflect the resident's preferences. The location of the bedroom had been changed to better suit the assessed needs of the resident. The original location was near the entrance of the property. However, the resident is a light sleeper and they could wake if they heard noise. An alternative room further away from the entrance was offered to the resident which is reported to have worked well for them. The original bedroom had been converted into a dining/reception room where the resident's relatives have visited them on a few occasions. These were reported as being positive experiences for both parties.

The inspectors spoke with a number of staff throughout the inspection. All were familiar with the assessed needs of the residents for whom they were supporting. There were a number of residents who had complex medical needs and required ongoing monitoring and support. This included vision and hearing deficits, assistance with mobility in conjunction with medical conditions that in some cases were unpredictable and required input from consultants in healthcare and clinical nurse specialists. Nursing supports were available to the residents by day and night in the designated centre. In addition, one resident had only moved into the designated centre in December 2023 and staff were providing a regular routine for this resident to support them settle into their new home.

Staff outlined to the inspectors how the local community engaged and supported the residents. For example, the owner of a wheelchair accessible taxi lived nearby and assisted if an additional transport vehicle was required. Some of the local footpaths in the village were not all suitable for residents who required the use of mobility aids such as wheelchairs. Local representatives were engaged in seeking to get these upgraded. In addition, residents enjoyed carol singing by local school children prior to Christmas. Staff also outlined another event that took place which demonstrated how the residents were considered part of the local community. When one of the residents died during 2023, the local community paid their respects and closed the local shops as the funeral cortège passed through the village, this was very much appreciated by the staff team.

The provider had identified four training modules to be completed by the end of March 2024 in the area of human rights for staff. These were considered mandatory for all staff to complete as part of their on-line training. Staff were observed throughout the inspection to respond and interact with residents in a respectful and professional manner. The atmosphere was relaxed despite the demands on staff to meet the assessed needs of the residents which included supporting residents at mealtimes, with their personal care and ensuring residents engaged in meaningful activities. In addition, staff also had household activities to complete on the day of the inspection which included meal preparation and cleaning. There was an activation staff member on duty during the inspection. They worked three days each week in the designated centre. This person was also the advocacy facilitator for the residents in the designated centre. In addition, inspectors were informed that a dedicated cleaner was provided to each house once a month for three hours to assist with cleaning duties. However, a number of issues were identified relating to meal preparation and cleaning that will be further discussed in the quality and safety section of this report.

The provider was issued with an urgent action on the day of the inspection under Regulation 9: Residents' rights. There were two documents on file for one resident relating to not attempting resuscitation. There were inconsistencies identified in both documents and the consultation with the resident was not evidenced. In addition, another issue relating to the storage of residents' personal information was also the subject of the urgent action for the same regulation. The inspectors observed personal information was being stored in unlocked presses in communal areas which was not in line with the provider's policy regarding the safe storage of residents' personal information and as outlined in the statement of purpose for the designated centre.

The provider was also afforded time to review and re-submit accurate floor plans for all of the properties in the designated centre. The plans submitted with the application to renew the registration did not accurately reflect the footprint of the designated centre as observed during the walk around of two of the houses. In addition, the provider was also requested to provide assurance from a person competent in fire safety that adequate staff resources were in place to support the assessed needs of the residents at times of minimal staffing. These issues will be further discussed in the quality and safety section of this report.

In summary, residents were being supported by a dedicated team of consistent staff who were familiar with their assessed and changing needs. Residents, in line with their expressed wishes were also being supported to engage in meaningful activities frequently. However, during the inspection a number of issues were identified. This included as previously outlined in this section of the report Regulation 9: Residents' rights which required further assurance to be submitted by the provider by 17 January 2024. In addition, assurance from a person competent in fire safety was also requested by the inspectors regarding the staff resources in place to effectively support the safe evacuation of residents from the designated centre at the time of minimal staffing levels, such as at night time. Further review of the state of repair of some appliances and the storage of food was also required. These will be further

discussed in the quality and safety section of this report.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

This designated centre had previously been inspected in August 2021 and March 2022 as part of the current registration cycle. Non-compliances with a number of regulations were identified during these inspections. However, it was evident during this inspection that the provider had actively sought to address these issues. This included ensuring all properties which were part of the designated centre were structurally compliant with fire regulations. This had been achieved when residents moved out of one property that had previously been part of this designated centre and a newly renovated property was added to the premises during 2023 as part of an application to vary the conditions of the registration conditions.

In addition, inspectors observed improvements in the area of general welfare and development for residents. This had been incremental over the last three years as the provider evidenced they were committed to reviewing practice and culture within the designated centre. Staffing resources had been found to be non-compliant in the previous two inspection reports. The provider had ensured a consistent staff team was employed in the designated centre who were familiar with the assessed needs of the residents at the time of this inspection. There were regular relief staff also available to maintain staffing levels in line with the statement of purpose. The provider is also continuing to provide unfunded additional staffing resources to support the assessed needs of one resident, while they continue to engage with the Health Services Executive (HSE).

Inspectors did observe staff to be very busy during the inspection, supporting the assessed needs of the residents while also preparing meals and attending to cleaning duties. In two of the houses, an inspector observed staff who had been preparing meals had to leave the kitchen areas to attend to the needs of the residents. This will be further discussed under Regulation 18: Food and nutrition. In addition, while all areas were observed to be cleaned regularly, some cleaning

duties were required to be completed more frequently such as the cleaning of electrical cooking appliances and high dusting. This will be further discussed under Regulation 17: Premises.

The person in charge was present throughout the inspection. They provided all requested documentation and responded to any clarifications required by the inspectors during the inspection. They were supported in their role by two clinical nurse managers to whom they delegated some duties such as completing audits and the supervision of staff members. There was also evidence of ongoing oversight by the persons participating in management. The provider had sought to address non compliance from the March 2023 inspection relating to Regulation 23: Governance and management with a number of actions outlined in their compliance plan. One of these actions included the Head of Services continuing to visit the designated centre on a weekly basis. This was evidenced as consistently taking place, both persons participating in management frequently visited the designated centre and were very familiar with the current assessed needs of all of the residents. Both persons were also present during this inspection and met with the inspectors. Internal audits and an annual review were also completed as required by the regulations. Actions from these reports were documented as being completed or in progress with evidence of the person in charge reviewing all of these reports, with follow-up actions where required and time lines clearly documented.

However, further improvements were required to ensure residents were consulted in decision-making pertaining to their end-of-life care. In addition, not all processes were found to be in line with the statement of purpose relating to residents' privacy and dignity. The safe and secure storage of personal information was also not adhered to at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. However, the floor plans required further review to ensure they accurately reflected the actual designated centre. This was discussed during the feedback meeting and revised plans were requested to be re-submitted by the provider following this inspection.

For example, not all exits were accurately reflected on the floor plans reviewed at the time of this inspection. No exit door was represented on the floor plans that was observed to be present in one of the dining rooms. Other exits were reflected as double exit doors but only single doors were observed to be present.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number, skill-mix and qualifications of staff were appropriate to the assessed needs of the residents.

There was an actual and planned rota in place.

There was evidence of a responsive staff team to support the changing needs of residents in the designated centre. Additional staff were providing support in the evenings as outlined by the provider following previous inspection findings. There was a dedicated activation staff supporting the residents to engage frequently in meaningful activities both within the designated centre and in the community.

The provider submitted a report after the inspection from a person competent in fire safety regarding the staffing resources in place at times of minimal staffing. This will be further discussed under Regulation 28: Fire precautions.

The inspectors acknowledge that due to demands on staff observed on the day of the inspection, issues relating to Regulation 18: Food and Nutrition and Regulation 27: Protection against infection were identified. These issues will be actioned under the relevant regulation.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff had access to appropriate training as part of their professional development. A copy of the training records was provided to the inspectors on the day after the inspection in a format that could be reviewed. All staff working in the designated centre had attended mandatory training in fire

safety, safeguarding, medicines management (for non nursing staff). In addition, the provider had requested all staff to complete four modules in human rights training by the end of March 2024.

Training for staff who required refresher courses were also booked in advance for 2024 such as manual handling. Additional site-specific training was also planned for 2024 which included car safety and person-centre planning.

All staff had attended supervision in line with the provider's policy during 2023 and further supervisions were scheduled for 2024.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of improvements in the governance and management within the designated centre. The annual review and internal provider-led audits were completed as required by the regulations.

However, the provider had not ensured the personal information of residents was stored in a secure location as outlined in the statement of purpose.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had contracts of care in place. In addition, an easy-to-read format was available for residents.

Judgment: Compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was one open complaint at the time of this inspection. This had been processed in accordance with the provider's policy and escalated to senior management as a resolution was required outside of the designated centre. The complaint was made by a resident regarding the cancelling of their day service when sufficient staff resources were not available within the day services.

Residents, their representatives and staff were aware of the provider's complaints policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

On review of the complaints log, it was evident the voice of the resident was being listened to. The person in charge and senior management ensured they met with residents when required and followed up to ensure they were satisfied with the outcome and resolution.

Judgment: Compliant

Quality and safety

On the day of inspection the provider was issued with an urgent action pertaining to documentation relating to do not attempt resuscitation (DNAR) event. There were two documents on file, one which was signed by a GP and the other unsigned. However, both documents were not consistent and the one signed by the GP had a section that had not been completed. Two years prior to the DNAR, a document outlining the resident's wishes in the event of end of life was documented but did not contain any information pertaining to a DNAR. Also, there was no evidence in the DNAR that the resident was consulted or offered the support of an advocate. One inspector reviewed the provider's policy in relation to end of life. However, this policy was not clear and required review in light of updated national guidance.

It was also noted in a resident's personal information that the resident should be

supervised when with peers. This was discussed with the person in charge as there was no rationale evident to support this. It was documented that this information was also referenced in the resident's behavioural support plan. From review of this plan there was no citation referring to this supervision.

Another issue identified during the inspection related to the storage of personal information of residents. Private and personal information was being stored in communal hallways in a number of the houses. These storage units were observed to be unlocked and in one case the doors were unable to close. Personal information was therefore accessible, was not secure and not stored in a safe manner. The provider's statement of purpose references residents privacy and dignity and highlights that all staff are aware of and must adhere to the national confidential policy. The provider's policy was reviewed on the day of inspection and clearly documented that the process is to ensure the safe keeping and security of residents' information.

The provider submitted a response to the above issues on 17 January 2024 which was accepted by the inspectors. The response outlined actions already taken following the inspection to achieve compliance with the regulations.

Inspectors reviewed a sample of residents' personal plans. There was improvement evident from previous inspection findings. There were good, annual comprehensive multi disciplinary reports. Meaningful goals were identified with residents and consultation with residents was documented regarding their personal plans of care. For example, staff ensured one resident was supported to attain a goal of staying overnight in a hotel. The resident was actively involved in the planning process which was clearly documented. In addition, the resident did not like noise. Staff had taken steps to ensure the resident could be accommodated which included contacting the hotel in advance to check in at a time the hotel would usually be quiet. Another resident had chosen not to engage with staff in the review of their personal plan. This was documented in detail and the resident's expressed wishes were also documented.

However, one resident had a plan of care that was based on a medical diagnosis. While the plan was holistic in nature, it did not meet the requirement of the regulation and was not part of the process in the provider's own policy regarding the review and development of residents' personal plans. Another resident had recently been admitted to the designated centre and it was evident that consultation with the resident and their family had taken place. The resident also had the opportunity to visit the designated centre in advance of moving in. There were good plans of care to support the healthcare needs of the resident. However, the resident had mobility issues which were documented as progressive in nature and had a moving and handling care plan. On review, this document was from the resident's previous placement and not updated to reflect their current environment. This was not in accordance with the resident's assessed needs.

A number of issues were identified with the premises during the walk around. As previously mentioned in this report, the actual premises was not accurately reflected on the floor plans. The person in charge had identified issues that were scheduled to

be addressed such as the re-decorating of one bedroom that had damaged paintwork. The scheduled painting of a front door had been delayed due to cold weather conditions. However, an electrical junction box in one bathroom had the casing unit missing on the front. This was located in a shower area. Two fridges had broken storage drawers and one also had a missing handle on the exterior. The residents living in this house were assessed as being at risk of falling and did have access to the kitchen where they would be at risk of injury if they fell against the damaged section that remained in place. This had not been identified as a potential risk of injury to residents at the time of this inspection.

In addition, there was a requirement for high dusting in a number of locations. The sensory room was cold on the day of the inspection as the heating was not working. There was a portable heater present in the room if required and the inspector was informed that this had been reported to the maintenance department. The inspector observed a number of doors had keys in place such as laundry rooms. These doors were not being reported as being locked and the rationale for them being in place was unclear. The inspectors were informed these keys were removed during the day before the inspection ended.

As previously mentioned in this report, staff were observed to prioritise supporting the residents during the inspection. However, the safe storage and preparation of food was observed not being consistently adhered to. In one house a staff member who was preparing the midday meal had to leave the kitchen area to support a resident. This left hot foods in pots on the electrical hob uncovered and other food items open on the kitchen counter. Another house had prepared in advance some items for the mid-day meal but these were left in uncovered pots on the cooking hob underneath an extractor fan that had evidence of debris build-up. Not all opened food items were being correctly stored and dated in refrigerators. The safe storage of food thickener also required review. This was not being stored in line with required protocols to ensure the safety of residents. The containers were visible on the kitchen counters and not stored in a locked press. This had not been identified as a possible risk of harm to residents living in the houses.

The provider had ensured effective fire safety management systems were in place which included a day and night-time evacuation plan. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. However, not all visual daily inspections of fire exits were documented as being completed. All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. However, the refusal of one resident to participate in fire drills was not reflected in their PEEP. In addition, recommendations made by staff regarding supporting the resident to leave the building, such as re-introducing an incentive box, were also not reflected in the PEEP. In addition, not all pipe work leading to the attic space was completely sealed .

The provider had ensured regular fire drills were being completed, which contained scenarios and included minimal staffing simulated fire drills. The times recorded for these evacuations were less than two minutes. Due to the assessed needs of the

residents at the time of this inspection, further assurance was sought from the provider regarding the staffing resources in place. A report from a person competent in fire safety was submitted by the provider on 17 January 2024 outlining the controls and measures in place were effective to ensure the safe evacuation of residents with minimal staffing in the event of a fire.

Regulation 10: Communication

Each of the residents was supported and assisted to communicate in accordance with their needs and wishes. Detailed information was available for staff to provide consistency in how they effectively communicated with residents. For example, when a resident had pain what reaction to be aware of. For another resident, it was the importance of speaking slowly to give the resident time to process and respond. There was evidence of easy-to-read documentation and laminated pictures to support residents. It was also observed how staff engaged with residents and how staff confidently understood residents' gestures and vocalisations.

However, the importance of consistency for one resident included a weekly visual schedule that needed to be updated each Sunday to reflect the planned activities for the week ahead. The person in charge had outlined to the inspectors the importance of this schedule, to reduce anxiety that could be experienced by the resident if they were given conflicting information. During the walk around, one inspector noted that the visual schedule in the resident's bedroom differed from the one the resident had already shown the inspector. Part of this resident's communication passport required staff to ensure the resident was provided with a schedule for their room and another for their personal use each Sunday.

Judgment: Substantially compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in line with their expressed wishes in the designated centre. In addition, residents were supported to visit family and friends in the community.

Judgment: Compliant

Regulation 13: General welfare and development

The provider demonstrated that there had been a review and shift in culture in this designated centre to support the residents to have opportunities to engage in community and participate in activities of their choice.

From the documentation reviewed there were gaps evident and there was also repetition of activities which were generally based in the centre. Upon review of further documentation and discussing with the person in charge, it became evident that not all community activities and initiatives were being recorded in the activity logs but were evident in some of the residents' own folders which they had in their bedrooms. For example, one resident whose personal plan contained minimal information showed the inspectors his own folder which contained posters and photos. It was very evident from this that the resident was living a good life in line with their expressed wishes and choice. The resident was also very involved in their local community.

The inspectors were informed another resident went to local shops to buy their preferred newspaper each week. Another resident enjoyed water activities twice each week and actively participated in walking with therapy dogs regularly.

Judgment: Compliant

Regulation 17: Premises

Not all areas of the designated centre were found to be in a good state of repair at the time of this inspection. This included an exposed electrical junction box in a bathroom, damaged refrigerators and heating not working in the sensory room. Other planned maintenance works were due to be completed in the weeks following this inspection which included the painting of a front door and the installation of panelling in one resident's bedroom to reduce the damage to painted surfaces.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to assist in the preparation of their meals in line with their expressed wishes. Meals were prepared by the staff team in each house daily. Residents who required assistance were supported by staff who were familiar with

their assessed needs and appropriately assisted when required.

However, the safe storage of foods both uncooked and cooked will be actioned under regulation 27 : Protection against infection.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the assessment management and review of risk. Risks had been subject to recent review.

However, not all centre-specific risks had been identified at the time of this inspection or controls put in place to reduce the risk of harm to residents.

Damaged electrical equipment in a bathroom was evident with no controls in place to ensure the safety of residents and the issue had not been reported to the relevant department at the time of the inspection.

Damage to the handle of a refrigerator exposing a sharp metal area posed a risk of harm to residents assessed as being at risk of falling. This had not been risk assessed and controls were not in place to reduce the risk of harm to residents from damaged equipment.

The storage of food thickening agents in the designated centre was not in line with recommended safe storage protocols for the product and posed a risk of harm to vulnerable residents which had not been identified.

Judgment: Not compliant

Regulation 27: Protection against infection

There was evidence of residents being supported by the staff team by adopting procedures to reduce the risk of healthcare-associated infections.

However, there were a number of damaged surfaces which directly impacted the effectiveness of cleaning being carried out in the designated centre. These included damage to a number of storage drawers in two refrigerators which were observed to have sharp edges.

The safe storage of uncooked foods was not always adhered to. Some open food items were found to be undated and foods prepared in advance were observed in open containers in the kitchen under extractor fans that had evidence of debris build-up.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. The provider submitted a report from a person competent in fire safety following this inspection regarding the effectiveness of the controls and staffing resources in place at times of minimal staffing to ensure the safe evacuation of residents in the event of a fire.

Further review of some residents' PEEPs was required to ensure they reflected all relevant information pertaining to their participation in fire drills and possible aids to assist their safe evacuation.

In addition, not all pipes entering the attic space were completely sealed at the time of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was evidence of improvements in the documenting of personal plans and the input of residents in the process since previous inspection findings.

However, one resident had a plan of care based on their medical diagnosis and another resident did not have their handling and moving plan of care updated to

reflect the change in their environment following their admission to the designated centre.

Judgment: Not compliant

Regulation 6: Health care

The provider had in place clear and well documented health-care plans that were updated in line with the residents' changing needs. These plans identified the supports required and also where required information on a diagnosis.

There was evidence of ongoing communication with health-care professionals and also good input from allied health care. Where there was a changing need, there was evidence of occupational therapy, physiotherapy and speech and language input. A number of residents required support from psychiatry and there were good recommendations and input documented to support these residents.

All residents were offered health screening where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support plans were in place where required for residents. These outlined the supports to be provided and were reviewed by the psychologist.

One resident's behavioural support plan was completed in January 2024 and this documented the strategies to be used to support the resident. Where required, this plan was also noted in individual risk assessments and these were updated to reflect any changes.

In some instances, due to residents presenting specific needs, there were individualised protocols for staff to support residents.

It was noted in one resident's file that the resident required supervision when speaking with peers. There was no rationale for this and it had not been reviewed. This will be actioned under Regulation 9: Residents rights.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre.

Safeguarding plans, where required were in place and reviewed within the identified time lines.

All staff had attended training in safeguarding of vulnerable adults. There were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse.

Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence observed on the day of inspection that residents are consulted and treated with respect and dignity by all staff.

A resident had been supported to visit a friend who was in receipt of end-of-life care in another location and was subsequently supported by the staff team and allied health-care professionals to ensure they were coping with the loss they were experiencing.

However, not all residents had been consulted with decisions made with aspects of their care pertaining to end of life.

One resident's personal information and behaviour support plan referred to the requirement for the resident to be supervised at all times, but the rationale for this was not evident at the time of this inspection.

Personal information of residents was not stored in a safe and secure manner which adversely impacted the residents' right to privacy and dignity regarding this information.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for East Limerick Services OSV-0004779

Inspection ID: MON-0032476

Date of inspection: 10/01/2024

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> • Floorplans updated to accurately reflect the actual Designated Centre. • Floors plans were submitted to HIQA 23/01/24. • Statement of Purpose and Function updated to reflect changes in the floor plans in the designated centre. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • 11/01/24 Locks installed on all cupboards where personal information of residents is located. • 12/01/24 and 15/01/24, all staff were briefed on the National Confidential policy and the proper storage of information with regards to the privacy and dignity of the residents. • The Person in Charge will monitor adherence to this storage of information as part of oversight of the centre. 	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • The visual schedule for one resident has been updated to reflect planned activities for the week ahead. This is displayed in their bedroom. The resident is also provided with another schedule for their personal use. • On 12/01/24 and 15/01/24 all staff reminded of displaying accurate information to reflect planned activities to ensure effective communication. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • On 11/01/24 all extractor fans cleaned and debris removed. • On 11/01/24 Facilities Dept. reviewed the heating in the sensory room. Thermostat was turned down. Heating now in working order. • On 11/01/24 electrician reviewed the exposed electrical junction box. Front of electrical box replaced on 12/01/24. • On 16/01/24 meeting held with the Facilities Dept. to prioritise maintenance to be completed. • On 01/02/24 two new fridges purchased to replace the damaged fridges. • On 09/02/24 paneling has been sourced for resident's bedroom. Work will be completed by the end of February. • Painting of a front door will be completed by end of March. 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • On 11/01/24 electrician reviewed the exposed electrical junction box. Front of electrical box replaced on 12/01/24. • From 11/01/24 the food thickening agents is now stored in a lockable press in the kitchen. • On 16/01/24 meeting held with facilities to prioritise maintenance to be completed. • On 01/02/24 two new fridges purchased to replace the damaged fridges. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • 11/01/24 Review of all pots and pans ensuring appropriate lids are fit for purpose. • 11/01/24 Labels provided for open food items, to be dated to ensure safe storage of uncooked foods. • 12/01/24 and 15/01/24 - All staff briefed on the importance of safe storage of food and safe preparation of meals when leaving the kitchen. • On 11/01/24 all extractor fans cleaned and debris removed. • On 16/01/24 meeting held with the Facilities Dept. to prioritise maintenance to be completed. • On 16/01/24 the facilities dept contacted the contracted cleaners in relation to the requirement for high dusting in a number of locations. This will be recorded on the cleaning schedule. • On 01/02/24 two new fridges purchased to replace the damaged fridges. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • 24/01/24 All PEEP's reviewed and updated to reflect all information pertaining to the participation in fire drills and possible aids to assist safe evacuation. • 11/01/24 Risk assessment completed for one resident in relation to declining to evacuate during a fire drill. • On 16/01/24 Meeting held with the Facilities Dept. to prioritise maintenance to be completed. • On 12/01/24 and 15/01/24 All staff briefed on the importance of documenting the visual daily inspections of fire exits. • On 16/01/24 All pipes and walls reviewed by maintenance. • All pipe work leading to the attic space and filling in holes in walls be completed by 31st of March. 	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • 31/01/24 Age related care plan in place for one resident updated to reflect person centred goals for resident and incorporate progress notes in the supports and choices offered to enhance their quality of life. • 31/01/24 Manuel Handling care plan updated to reflect the change of environment following admission to the designated centre. • 31/01/24 Resident personal information and Behaviour support plan for one resident updated to reflect no recommendation for supervision while with peers. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • 15/01/24 Meeting held with MDT to review one residents current DNAR and discrepancies in the two documents noted on the day of inspection. • 15/01/24 Internal advocate nominated by the MDT. This individual representative will act on the resident's behalf where the resident lacks capacity to make decisions. • The resident will continue to receive support in respect of pain management with the ongoing support from MDT including CNS in age related care. • 16/01/2024 GP consulted with the resident on the DNAR document supported by the internal advocate. • 31/01/24 Age related care plan in place for one resident updated to reflect person centred goals for the resident and incorporate progress notes in the supports and choices offered to the resident that enhance their quality of life. • 31/01/24 Resident personal information and Behaviour support plan updated to reflect no recommendation for supervision while with peers. • 11/01/24 Locks were installed on all cupboards where personal information of residents is located. • 12/01/24 and 15/01/24 all staff were briefed on the National Confidential policy and the proper storage of information with regards to the privacy and dignity of the residents. • The Person in Charge will monitor adherence to this storage of information as part of oversight of the centre. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	23/01/2024
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	12/01/2024
Regulation 17(1)(b)	The registered provider shall ensure the	Substantially Compliant	Yellow	31/03/2024

	premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
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	31/03/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	01/02/2024
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	Substantially Compliant	Yellow	01/02/2024

	healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2024
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.	Not Compliant	Orange	31/01/2024
Regulation 05(6)(d)	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 take into account changes in circumstances and new	Not Compliant	Orange	31/01/2024

	developments.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Red	31/01/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Red	31/01/2024