



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 G
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	18 February 2021
Centre ID:	OSV-0004963
Fieldwork ID:	MON-0031675

About the designated centre

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

The centre is located within a small town, in a mature residential setting in Co. Limerick. The centre is located close to public transport services, shops, recreational services and employment opportunities for the residents. The centre currently provides a community residential service to 10 female residents with a mild to moderate intellectual disability. The aim is through a person centred approach to improve the residents' quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The centre is comprised of 2 houses located close to each other. One house supports four residents and the other house can support a maximum of six residents. Each resident has their own personalised bedroom and both houses have garden and parking facilities. One of the houses has a conservatory area, both houses have ample kitchen and bathroom facilities to support the needs of the current residents. The intention of the centre is to provide residential and day supports for the independent and/ or older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The intention is to provide minimal staffing supports to support their age related needs and wishes. The centre is managed and supported by social care staff and the person in charge. There are staff supports during the day and evening in each house with a sleep over staff located in the larger house each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 February 2021	11:00hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with four of the residents living in this designated centre which is comprised of two houses. To reduce movement between houses as a result of the COVID-19 pandemic, the inspector was located in a room in the larger house. The four residents who resided in the smaller house had been informed of the inspector's visit in advance but had chosen not to talk with the inspector on the day of the inspection.

On arrival to the designated centre the inspector was met by the person in charge and introduced to the residents in the house. The four residents that inspector did meet with chatted in a relaxed manner on a number of occasions during the day while adhering to social distancing guidelines.

The inspector had been informed prior to the inspection that one resident was being supported by familiar staff from the designated centre in an isolation unit following their recent discharge from an acute hospital. The residents living in this designated centre were very independent and had enjoyed engaging actively in their community and with work commitments prior to the pandemic. Some of the residents had enjoyed attending day services during the week to meet with friends. The residents living in the smaller house did not require any staff supervision at night time, however, staff were available in the other house located nearby if any assistance was required during the night in addition to other supports from night time on-call management systems in place by the provider.

One resident spoke of how they had enjoyed going on short breaks with their peers to a particular summer festival in past years and how it was a big disappointment not to have been able to go last year. They explained how they liked the dancing and meeting friends at this festival each year. Another resident spoke of their wish to have a short break away to a favourite location with some named peers and staff in August of 2021. They expressed a hope that the restrictions might be lifted by then so this could happen.

The residents proudly showed the inspector many different craft works that they had completed such as tapestry, painting and other art work. Many items had been framed and were on display around the communal areas along with prizes that had been awarded to them for their work. The residents showed the inspector the work they had done in an retirement group project and spoke of how they had enjoyed attending an annual exhibition in Limerick up until 2020. They hoped this would return again in 2021. All of the residents spoke of how they missed meeting up with their friends but did like the regular contact with staff from the day services which they had through video calls.

One resident invited the inspector into their room which was filled with personal items including photographs and a detailed family tree. They spoke proudly of their large family and expressed some sadness with not being able to attend the funeral

of an older sibling due to the pandemic restrictions. The resident explained that they had been supported by staff to watch the funeral mass on a tablet device. This resident spoke of how they had found it hard not being able to physically meet their family but did keep in regular contact with them using video and telephone calls. This resident also proudly showed the inspector their very own hen that was safe and secure in an area in the back garden. The resident explained that they were lucky to get one egg a day from the hen in the cold weather. The resident showed the inspector their appropriate footwear which they put on before they went outside to look after the hen. They also told the inspector how a fox had taken another hen in the past and they hoped this secure pen would keep this hen safe from such dangers.

Another resident spoke of their enjoyment being responsible for the herb garden. The inspector was shown a raised bed out in the back garden which the resident spoke about with great enthusiasm, naming the herbs and vegetables which were growing there. They explained that the herbs needed to be watered every two days and how they enjoyed eating them and using them while cooking. This resident had also planted a window box with flowering miniature daffodils which was on the kitchen window. The resident was also involved in a knitting project with their peers. They were knitting squares which would be sewn together to make different items including children's toy bears. This resident spoke of how their family had come to visit them in the designated centre, but they could only talk to them through their bedroom window because of the pandemic restrictions. They also spoke of how they were missing their friends in the day service and hoped they could get back to meeting them in person soon.

One resident chatted with the inspector and the person in charge about how they would like to do a fund raising concert for a local charity and listed out what prizes they would have in a raffle. They discussed how they would get sponsorship from local businesses and enjoyed showing the inspector how they would dance at the concert. Another resident listed out the many different baking recipes they had enjoyed making in recent months and spoke of the enjoyment they got from music. They spoke of concerts they had attended in the past and how in recent months staff had supported them to watch concerts of their choice on a tablet device. While this wasn't as good as the real concert atmosphere, the resident enjoyed the time to sit and sing along with the songs. The resident also spoke of how they ensured they got out walking to keep themselves mobile and named a favourite hot drink which they would regularly get as a takeaway while partaking in their walk. They also spoke of how they enjoyed different exercise and meditation classes which they participated in on-line and had started colouring in recent months; they proudly showed the inspector some of their work to date.

The inspector was informed by staff of some of the alternative activities that were being provided for the residents which included sourcing a safety dart board to assist one resident learn a new skill during the lock down restrictions, other residents were supported to learn more about healthy eating and cooking healthy meals for themselves and their peers. On the day of the inspection the residents

were seen to enjoy some homemade soup for their lunch. The inspector observed residents to chat and enjoy each others company during the day. They were also heard singing along to music at different times. The design of the house facilitated residents to sit together in communal areas if they wished but they could also spend time on comfortable chairs in their bedroom, if they chose to. Staff supporting the residents during the inspection were very familiar with individual preferences and the supports each resident needed. For example, one resident was observed to seek assistance with their laundry from staff which had been a topic that had been discussed recently during a house meeting and the staff responded as per the actions agreed that had been documented. It was evident that the resident and staff were familiar with the support required to complete the laundry task. Another important action from the same meeting was to organise a getaway break and holidays as soon as the current pandemic restrictions were eased. Residents informed the inspector this was an important activity for them each year and hoped they would be able to avail of some type of holiday in 2021.

Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in January 2019 had been completed. The provider had addressed all of the actions from the previous inspection.

The person in charge worked full time in the designated centre and ensured they had regular contact with all staff members. All staff supervisions had been completed in 2020 and there was a planned schedule for the 2021 supervisions. There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The person in charge and provider had ensured the changing needs of the residents were supported such as requesting an environmental audit of one of the houses to be completed to ensure the needs of the resident who had recently been in an acute hospital would be supported in the house in which they lived. In addition, the provider and staff team were actively reviewing the future care needs and any additional supports that may be required by the current residents in both houses.

The person in charge ensured the residents were supported by a core staff team, including regular relief staff who were familiar with the needs of the residents and displayed flexibility in providing support to residents at times when there were increased requirements such as supporting the resident in the isolation hub. In addition, staff support to the residents living in the smaller house had been increased during the pandemic restrictions. This was to enable the residents to engage in activities within the house such as learning new cooking recipes, engaging in craft work and exercise classes as per individual choices. While scheduled staff training had been impacted by the pandemic, all staff had either attended refresher training or were booked in the weeks post the inspection in advance of previous training expiring. The person in charge also had a planned schedule of training for

2021 available for review during the inspection. In addition, following a review of audits by the inspector it was evident the person in charge had provided support and training for staff to ensure that errors that had occurred early in 2020 did not re-occur. This refresher training had been successful and no further similar issues had occurred for the remainder of the year.

The inspector reviewed the incident log for one of the houses, all notifications had been submitted as required by the regulations. A staff member informed the inspector how the change to daily routines had actually helped one resident in particular, to cope with daily activities better. They were less rushed in the mornings and less tired in the evenings. The resident had also taken up new activities which were helping to promote their health and well-being. The inspector was informed this will be considered in conjunction with the resident when the pandemic restrictions will be lifted to ensure they are supported to enjoy a daily schedule as per their choice.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota and staffing levels were maintained as per the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training using alternative methods such as on-line training where possible. A schedule of training for 2021 was also in place with staff booked to attend courses in February and March.

Judgment: Compliant

Regulation 23: Governance and management
There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to 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 31: Notification of incidents
The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded, investigated and actions taken to resolve issues raised.
Judgment: Compliant
Quality and safety
Residents' well-being and welfare was maintained by a good standard of evidence-

based care and support. They were supported to have a good quality of life while ensuring adherence to the current public health guidelines.

The inspector was informed of the many activities that had taken place on -line to support the residents to continue to engage with their peers especially over the Christmas period. These included a Christmas concert and service by video with many other designated centres in the community. Each house participated with their own activity or contribution. The person in charge also outlined the plans they had to give the resident in the isolation hub their tablet device so they could have a video call with the peers in their house who were missing them a lot. This was also to provide support to the residents in the house to allow them to see for themselves their friend was doing ok and would hopefully be back with them soon. Residents were also supported to engage in regular video calls with family members, peers during advocacy meetings and with day service staff while partaking in exercise classes. The residents were supported to actively participate in regular house meetings which discussed any issues of concern such as the government's vaccination programme, planning activities and meal menus for the week ahead.

Personal care plans were in place and reflected clear information about residents. The plans reviewed by the inspector showed evidence that the goals identified were meaningful and had been developed in consultation with the resident. There was evidence of regular multi-disciplinary review and regular updates to reflect residents' changing needs and circumstances. Some goals could not be achieved due to the lock down restrictions, such as attending concerts or having a party with friends and family to celebrate a milestone birthday during the pandemic restrictions. However, there was documented evidence of goals being re-adjusted and reviewed in light of the current situation; for example, one resident was supported to learn to use a tablet device and watch concerts of their choice once or twice a month as per their choice. Another resident celebrated their birthday with their friends and staff in the house to mark the occasion. One resident liked to learn historical facts and staff supported them to look up areas of interest on-line regularly with documented evidence of progress being made on this goal. In addition there were plans to visit a particular historical site once the restrictions are lifted.

The person in charge outlined the planned maintenance of painting that would be carried out once the pandemic restrictions are removed. In addition, the upgrading of one bathroom had also been delayed. It was evident during the inspection that areas required repainting and maintenance in the house. However, the inspector observed the house to be clean and decorated with personal items and photographs, including items reminding residents of friends who had previously lived in the house with them.

The provider had completed all the required fire safety works since the last inspection and ensured fire safety systems were in place. However, the fire policy had last been reviewed in 2016 by the provider. Residents had personal emergency egress plans, PEEP's which were reviewed regularly. While monthly drills were carried out in the designated centre, from the documentation reviewed it was difficult to determine the duration of fire drills on some documentation and a night time simulated drill had not occurred. The inspector did review a document which

the provider had introduced recently for 2021 to ensure different scenarios for each monthly fire drill were used including exiting different locations and times of the day/night.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. The staff team had supported residents in one of the houses during a outbreak of COVID-19. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Hygiene audits had been completed with evidence of actions taken to resolve issues identified, such as removal of a couch that could not be cleaned and replacing with individual chairs that suited the residents needs and had an easy to clean surface. Staff had undertaken training in areas of hand hygiene and the use of personal protective equipment, PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. This included the Health Information and Quality Authority, HIQA, COVID-19 self assessment tool which was completed by the person in charge in January. In addition, the residents displayed awareness of the importance of staying safe during the inspection. For example, the residents wore face masks on any occasion that they came into the room to speak with the inspector and understood the reason they couldn't meet family and friends in person. Some of the residents and staff had been vaccinated as part of the current government vaccination programme at the time of the inspection.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines.

Judgment: Compliant

Regulation 17: Premises

The provider was aware premises required maintenance to ensure the houses were kept in a good state of repair both internally and externally, however, the schedule

of maintenance had been hindered by the pandemic restrictions.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents were supported to prepare and cook their own meals if they wished.
Judgment: Compliant
Regulation 20: Information for residents
The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was available for residents.
Judgment: Compliant
Regulation 26: Risk management procedures
The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC.
Judgment: Compliant
Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place. However, no night simulation fire drill had taken place and the fire policy had last been reviewed in 2016.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 8: Protection

The provider ensured arrangements were in place to safeguard residents from harm or abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were actively consulted and participated in decisions relating to activities in the designated centre. In addition, their privacy and dignity was respected at all times.

Judgment: Compliant



Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick - Group G OSV-0004963

Inspection ID: MON-0031675

Date of inspection: 18/02/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Non- essential maintenance will recommence when public health restrictions permit. Upgrade to bathroom in one house and internal painting in one house will be completed by 30.09.2021	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night simulation fire drill completed by PIC on 19.03.2021: all residents evacuated with single staff support in under 1 minute.	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	19/03/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	19/03/2021

	followed in the case of fire.			
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