



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 H
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	12 January 2022 and 20 January 2022
Centre ID:	OSV-0005295
Fieldwork ID:	MON-0034179

About the designated centre

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

Community Residential Service Limerick Group H consists of two semi-detached two storey houses located in a housing estate in a city. The centre provides full time residential care for eight female resident over the age of 18 with intellectual disabilities with each house having a capacity for four residents. Each resident has their own bedroom and other rooms in both houses include a kitchens, living rooms, bathrooms and staff rooms. The residents is supported by the person in charge, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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 12 January 2022	10:05hrs to 18:45hrs	Conor Dennehy	Lead
Thursday 20 January 2022	11:00hrs to 15:15hrs	Conor Dennehy	Lead
Wednesday 12 January 2022	10:05hrs to 18:45hrs	Lucia Power	Support

What residents told us and what inspectors observed

The houses provided for residents to live in were found to be very homelike where residents and staff were seen to interact positively together. Residents were participating in activities in the community and were maintaining contact with their families.

This centre was made up of two houses located in close proximity to one another. On arrival at the houses at the start of this inspection, both were unoccupied with inspectors later informed that all residents were away attending their day services but that they would return to their homes in their afternoon when staff supporting the residents would also commence their shifts. After been let into the houses by a member of the centre's management, inspectors used the initial period of the first day of this inspection to review documentation relating to residents and their lives while living in this centre while also considering the premises that were provided for residents to live in.

In general it was seen that both house were presented in a well-furnished, well maintained, and clean manner although in one house it was observed that some bins required cleaning. The two houses were presented in a homelike manner with plenty of photographs and ornaments on display while it was positively noted that the presentation and layout of a garden to the rear of one of the houses had noticeably improved from previous inspections. During the current inspection it was also noted that in one house one resident had their own en suite bathroom but other residents were also using this bathroom.

While there was a record indicating that the resident had agreed to this, it was noted that there was no specific privacy protocol in place relating to this. Residents' rights were discussed during regular residents' meetings that took place in both houses of the centre. Notes of such meetings were maintained which were reviewed by inspectors. Such notes also indicated that issues such as hygiene, health and safety, menus and complaints were discussed. Information relating to the complaints was on display in the houses of the centre with records provided indicating that any recorded complaints were responded to appropriately. Such records also indicated if residents were satisfied or not with the outcome of their complaints.

Amongst the other records reviewed by inspector were daily social care notes relating to residents. These provided a brief summary of how residents had spent their time while living in this centre. From the sample of such notes it was seen that the language used to described were overall very respectful, appropriate and person-centred although inspectors did note entries for some residents being described as dramatic and another resident was indicated as having an outburst. Such daily notes also indicated that residents were supported to engage in activities in the community with examples including eating out, attending mass, visiting the

hairdressers and going to the cinema. There was also mention of residents maintaining contact with their families.

However, when reviewing the daily social care notes for one resident, it was noted that by inspector that reference was made to this resident telling a staff member that they could not trust another particular staff member. In response to this, both the staff member the resident reported this to and the particular staff member mentioned by the resident met with them on the same day to discuss this. From the daily social care note reviewed, the resident was asked about not trusting this particular staff member in the presence of the two staff members. In response the resident was indicated as feeling threatened that such a discussion was taking place and then indicated that they were telling lies.

In the afternoon of the first day of inspection, residents returned from their day services. Four residents were living in both of the two houses all of whom were met by the inspectors. Some of the residents spoke with inspectors while other chose not to. The residents who spoke with the inspectors generally talked positively about living in the centre. For example one resident indicated that they liked living in their home and liked their day services. Another told an inspector about their interests and about how staff and other residents they were living with loved them. This resident said that they liked it when familiar staff were on duty to support them. This resident did highlight though that they did not like it when unfamiliar staff were working with them. Another resident said at times they find things stressful but that the staff understand this and understand why they like to have their own space. The inspectors spent some time with the residents and it was observed that residents were very happy in their home and that residents engaged very positively with staff.

Residents spoke very positively about staff in both houses, a resident stressed to an inspector that they loved living in their home and that they "never want to leave" while also indicating that they felt safe living there. This was echoed by a number of residents who expressed the importance of the staff and the supports they provided. A recent holiday to Killarney was also outlined by the resident who said that they enjoyed this while also indicating some of their other interests such as Harry Potter and shopping. The resident showed an inspector their bedroom. While this was seen to be well furnished, decorated and personalised to reflect the resident's interests, the inspector did observe that the bedroom was small. Despite this, the resident did indicate that they liked their bedroom and felt that it had plenty of space.

While the inspectors were present in the houses of this centre pleasant, calm and relaxed atmospheres were observed with residents appearing to be comfortable in each other presence and in the presence of the staff members on duty. Residents were overheard to be respectful of one another also. For example, one resident asked a peer how their day had been while later asking if they should shut a door in their house so another resident could speak to the inspector in private. Staff members on duty also engaged with residents in a pleasant and respectfully manner while providing appropriate support where required. This included supporting

residents to clean their bedrooms and to prepare meals in the house while it was observed that staff asked residents about their day.

In summary, residents met during this inspection generally spoke positively about life in the designated centre while residents continued to be active in their community. Staff members and residents were seen to interact with each other in a very pleasant and respectful manner during the first day of inspection. No residents were met during the second day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall this inspection did find ongoing improvement from previous inspections but some improvement was required regarding the provision of training for agency staff.

This centre was last inspected by HIQA in August 2021 after earlier in 2021 HIQA had proposed to refuse the provider's application to renew the centre's registration following three inspections between July 2019 and March 2021 where high levels of non-compliance had found in areas such as governance, complaints, staffing, premises, safeguarding and the promotion of residents' rights. In response to this the provider submitted representation detailing the actions and measures they were going to take to bring the centre into the compliance. During the August 2021 inspection it was found that the provider had implemented its representation which contributed to improvements.

Despite this the August 2021 did find some areas where further action was needed such as in the management of complaints and safeguarding. Hence, given the history of this centre, it was decided to carry out a further inspection to assess if the improvement noted during August 2021 was being sustained and built upon to ensure that residents were being appropriately supported. Overall the current inspection found that there was an improvement in person centred care while enhanced oversight of this centre was put in place following previous regulatory engagement, remained effective. This included a governance group chaired by a senior member of the provider's management with multidisciplinary disciplinary who had met regularly since the August 2021 inspection to review progress with identified actions and supports for residents.

This helped ensure that, in general, actions identified during the August 2021 inspection were responded to appropriately. For example, no concerns were found during this inspection regarding the management of complaints, an area which had been raised as a concern on this centre's four previous inspections, while the consistency of staff working in this centre had improved in recent months also.

However, it was noted that a specific action arising from an April 2021 provider unannounced visit around carrying out an occupational therapist assessment for one house had not been completed at the time of the current inspection.

While the ongoing oversight remained a positive development, during the current inspection inspectors were not assured by aspects of how residents were supported with their personal finances. As a result, following completion of the first day of inspection, the provider was requested to submit additional assurance to HIQA on some specific points raised by the inspectors relating to specific regulations such as Regulation 9 Residents' rights and Regulation 12 Personal possessions. In response the provider provided additional assurances but this did highlight that additional quality improvement was required in the regulations queried by inspectors. This need for quality improvement in these areas had not been identified by the provider's monitoring systems prior to this inspection.

In addition, this inspection was originally intended as a one day inspection and during the introductory meeting of this inspection with a person participating in management specific documentation was requested including staff files and safeguarding records. Such documentation was required to assess compliance with specific regulations but the inspector was informed that staff files were not available for review on the day while not all of the requested safeguarding records were provided. Given that the provision of requested documentation and information to assess compliance with the regulations regarding this designated centre had been previously raised as a concern by HIQA, it was decided to carry out a second day's of inspection where such documents would be reviewed.

On this second day, it was noted that the provider had ensured that all of the requested documents were available. A large selection of staff files were reviewed by an inspector which were generally noted to contain all of required information such as photo identification, Garda Síochána (police) vetting and relevant records relating to staff's employment. It was noted though in some files that full employment histories with satisfactory history of employment gaps were not present while one file did not have a written reference from a former employer despite the staff member having multiple previous employers before commencing work with the provider. Also when reviewing such files it was noted that a number of agency staff (staff employed by a company external to the provider) who had worked in the centre were not indicated as having completed training in areas such as fire safety, safeguarding and infection prevention and control although staff employed by the provider had completed such training.

Regulation 15: Staffing

The staff in the designated centre was in line with the provider's statement of purpose and it was noted that a second staff floated between both houses if there was additional activities for residents. Staff files were reviewed which contained most of the required information but some files did not have full employment

histories with satisfactory history of employment gaps while one file did not have a written reference from a former employer.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A number of agency staff who had worked in the centre were not indicated as having completed training in areas such as fire safety, safeguarding and infection prevention and control.

Judgment: Not compliant

Regulation 23: Governance and management

Overall this inspection did find ongoing improvement from previous inspections and additional supports for the centre remained in place. The need for quality improvement in particular regulations had not been identified by the provider's monitoring systems prior to this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Since the August 2021 inspection, inspectors were satisfied that complaints made in the centre were being responded to appropriately.

Judgment: Compliant

Quality and safety

Residents were generally found to be well supported but some improvement was required relating to residents rights.

It was noted that, as required by the regulations, residents had individual personal plans with residents having been involved in the development of these plans through a person centred planning process. A sample of such plans were reviewed

by inspectors and it was noted that they outlined the supports they required in various areas including on how to encourage residents to engage in positive behaviour. This was supported by the presence of specific positive behaviour support plans in place and staff members spoken with during the first day of inspection demonstrated a good knowledge around these. The behavioural support plans were very person centred in the description of the resident with a focus on their need as opposed to an issue. These plans contained proactive strategies with a rights focused approach to support staff.

Staff members on duty were seen to engage with residents in a respectful manner while the language used about residents in documents had much improved overall. This was an area that had been identified an area in need of improvement during a March 2021 inspection of this centre. However, as highlighted earlier, records indicated that two staff members had met with a resident after the resident had raised a concern around not trusting the one of the staff members. Such a course of action for responding to such matters was not outlined in any risk assessment or positive behaviour support plan for the resident and the matter as described did not indicate that the resident was provided with a supportive environment to discuss the matter they raised. A similar occurrence had been raised by HIQA as a concern during the March 2021 inspection.

In addition, while reviewing some residents' personal plans, the inspectors reviewed the residents' inventory list and for some residents it was seen that items of some fitted furniture, valued in excess of €3000, were recorded amongst their possession. While the invoices for this furniture was in the name of the provider, it was seen that the residents' own personal finances had been used to pay for this furniture. However, during the first day of the inspection, it was not evident how residents had been consulted around such purchases while, given the cost of this furniture, it was not clear that the provider followed their own policy in relation to residents' personal finances.

Further records reviewed indicated that utility bills for both houses, including an office telephone number for one house, were in the name of individual residents but again it was not clear how residents had been consulted around this. Given these findings, to inform the inspection report, the provider was requested to complete a provider assurance report reviewing such issues. In response it was indicated by the provider that quality improvement was required in these areas. The provider also outlined the measures that they would take to respond the issues identified.

The August 2021 inspection highlighted inconsistencies in safeguarding practices. Following that safeguarding procedures were commenced retrospectively for one incident from July 2021. During the second day of inspection, following a review of certain documentation, it was unclear why another very similar incident from the same month had not been addressed retrospectively. Following this the provider subsequently confirmed that a further three incidents would have safeguarding procedures commenced retrospectively. These all pre-dated the August 2021 inspection and no safeguarding concerns had been identified between then and the current inspection.

Regulation 12: Personal possessions
Taking into account the findings of day one of this inspection and the outcome of additional assurance requested from the provider, improvement was needed to ensure that residents retained control over their possessions and were supported with their personal finances, particularly for large purchases.
Judgment: Substantially compliant
Regulation 13: General welfare and development
Residents were supported to be active in the community and to maintain contact with their families.
Judgment: Compliant
Regulation 17: Premises
The two houses of the centre were seen to be very homely and well furnished. While both were also generally clean, in one house it was seen that that some bins required cleaning. An assessment of one house by occupational therapist had not been carried out having been first highlighted in April 2021.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
All risk assessments in place were found to outline measures to respond to identified risks and had also been reviewed in a timely manner.
Judgment: Compliant
Regulation 27: Protection against infection

Measures such as cleaning and symptom monitoring were being followed in this centre. Under national standards for infection prevention and control, the sharing of information for trending is important but during the inspection it was noted that details of a suspected case of COVID-19 had not been provided to HIQA as requested.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans with residents having been involved in the development of these plans through a person centred planning process. A sample of such plans were reviewed by inspectors and it was noted that outlined the supports they required in various areas.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were in place with staff members spoken with demonstrating a good knowledge of these.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns had been identified between the August 2021 and the current inspections.

Judgment: Compliant

Regulation 9: Residents' rights

It was not evident that residents had been consulted regarding certain financial transactions. There was no specific privacy protocol in place relating to the use of one resident's en suite bathroom by others. Records indicated that two staff members had met with a resident after the resident had raised a concern around not trusting the one of the staff members but it was not indicated that the resident

was adequately supported in this. While language in daily social care notes had improved overall, some entries were observed which did require review.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Community Residential Service Limerick Group H OSV-0005295

Inspection ID: MON-0034179

Date of inspection: 12/01/2022 and 20/01/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure that all staff files are reviewed to ensure they contain all required information.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The registered provider will ensure that staff employed via agency have attended required training in line with agreements.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that documentation will be reviewed and improved to provider greater clarity and evidence of engagement with residents when purchasing goods or services in their personal plan. The registered provider will ensure that	

documentation is improved to ensure clarity re authorisation procedures followed, in line with organisational policy.

The registered provider and PIC have met with staff to ensure that residents are supported appropriately when concerns arise.

The registered provider will ensure that PIC and PPIM review all incidents in the centre to ensure documentation entries are respectful and person-centred.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The registered provider will ensure that documentation will be reviewed and improved to provide greater clarity and evidence of engagement with residents when purchasing goods or services in their personal plan.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A referral to the service OT Department was completed in May 2021 as recommended in provider unannounced audit. A further referral was made to the HSE Primary Care Team as the resident was not in the centre at that time. This was completed in the resident's home 20.05.2021. The registered provider has ensured that a copy is available in their personal plan.

The resident returned to the centre in September 2021.

A further referral for OT assessment in the centre was made in Feb 2022.

The registered provider has ensured that bins have been replaced.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The registered provider will ensure that PIC and PPIM review all incidents in the centre to ensure that notifications are submitted in line with regulation.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider will ensure that documentation and process will be reviewed and improved to provide greater clarity and evidence of engagement with residents when purchasing goods or services. The registered provider will ensure that documentation is improved to ensure clarity re authorisation procedures followed, in line with organisational policy.

The registered provider will ensure that invoices are issued in the name of residents where they purchase goods or services for personal use.

The registered provider will ensure documentation will be reviewed and updated to ensure evidence of consultation with residents where they consent to be named on communal utility bills.

Specific privacy protocol related to peer's use of one residents ensuite has been implemented.

The registered provider and PIC have met with staff to ensure that residents are supported appropriately when concerns arise.

The registered provider will ensure that PIC and PPIM review all incidents in the centre to ensure documentation entries are respectful and person-centred.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/04/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/04/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Not Compliant	Orange	30/04/2022

	as part of a continuous professional development programme.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	20/01/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures	Substantially Compliant	Yellow	30/01/2022

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	30/04/2022
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	Orange	30/04/2022
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Not Compliant	Orange	30/04/2022

	disability has access to advocacy services and information about his or her rights.			
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.	Substantially Compliant	Yellow	17/01/2022