

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 I
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	18 May 2023
Centre ID:	OSV-0005821
Fieldwork ID:	MON-0036231

About the designated centre

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

Community Residential Service Group I provides full-time residential services to four adult residents in a house situated on the outskirts of Limerick city. The service provides services to residents with a mild to low moderate intellectual disability. The designated centre is a two-storey semi-detached house. The house can accommodate one resident with mobility challenges in one downstairs bedroom. The centre is staffed by a social care leader, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 May 2023	10:30hrs to 16:45hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations and to ensure residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs. The designated centre is made up of one two-storey semi-detached house and supports four residents.

On arrival the inspector was greeted by a staff member who was on duty the morning of the inspection and the person in charge was also at the designated centre. The residents had all left to attend day services nearby. The centre was located on the outskirts of a city and close to amenities such as public transport, shops and restaurants. The centre also had access to their own vehicle for transport.

The centre was clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was Internet access, television, games, and music choices available for residents. There was adequate communal and private space, a well equipped kitchen and sufficient bathrooms. Residents had their own bedrooms and the inspector saw that they were comfortably decorated, suitably furnished and personalised. One resident had a keen interest in painting and had many of their own art works on display in their bedroom which they were very proud of.

On return from their day service, the inspector met with the four residents who lived in the centre, all of whom talked with the inspector about living there. The residents who spoke with the inspector were very happy living in the centre and enjoyed life there. The residents said that they liked being out and about in the local community and referred to some of the social and leisure activities that they took part in and enjoyed. These included going out in the community for meals, coffee, outings, family visits, dancing, swimming and walks. One residents discussed how they would like to be supported to have their day service provided to them in their own home, this will be discussed later in the report.

The residents told the inspector that they had good relationships with staff and with each other, and this was evident during the time the inspector spent in the company of residents. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. In the evening the inspector observed staff and residents preparing a home cooked food that they clearly enjoyed. Feedback from residents' families gathered annually also indicated a high level of satisfaction with the service.

All residents were observed to be at ease and comfortable in the company of staff. Residents were relaxed and were clearly happy in the centre. Staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were

being met. Residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed.

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

Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. There is one full time position of person in charge in the centre, which is job shared and comprises of a social care leader and clinical nurse manager. The inspector had the opportunity to meet both during the course of the inspection. They both demonstrated throughout the inspection, knowledge of their roles and responsibilities. The social care leader in place had remit over two designated centres and spoke with the inspector about the management systems they had in place to ensure that they were able to maintain full oversight of both centres. The clinical nurse manager in place also had a remit of three other designated centres as a person participating in management.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. A minor aspect of his document required review, this was rectified by the person in charge and submitted to HIQA following the inspection. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning. The provider had carried out two unannounced six monthly inspections in the previous 12 months. The annual review and the six monthly audits were found to be comprehensive in nature with clear action plans in place.

The persons in charge oversaw the staff team that was provided to support the residents of this centre. In accordance with the regulations the staffing arrangements should be consistent with the needs of the residents and the centre's statement of purpose. The statement of purpose for the centre specifically indicated the staffing in place in the centre. The inspector reviewed the staffing rosters in place for 2023 and it was seen these were well maintained.

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Staff had also completed training in human rights. Where refresher training was due, there

was evidence that refresher training had been scheduled. There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule, it was evident that formal supervisions were taking place in line with the provider's policy.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout the centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through residents' house meetings. The designated centre had one open complaint, the documentation reviewed clearly identified that the registered provider was providing the complainant with regular updates on the matters of the subject of the complaint with identified timelines in place.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required. However, on two occasions the person in charge was late with notifications relating to an allegation, suspected or confirmed, of abuse to a resident.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The persons in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The persons in charge ensured there was effective governance and operational management in the designated centre. The persons in charge were familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the staff roster in place which found it was reflective of the staff on duty in the designated centre. The number and skill-mix of staff in the

centre were adequate to meet the assessed needs of the residents. The person in charge maintained a planned and actual staff roster. The staff team were familiar to residents, this included regular members of relief staff, ensuring that the residents received continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre and was available to the inspector for review. It was found to contain all information as required by the Regulation and Schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure within the designated centre. The management systems in place ensured that the service being provided was safe, appropriate to the residents' needs, consistent and effectively monitored. The persons in charge carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the centre identifying a person participating in management which the centre does not have in place. This was reviewed and rectified by the person in charge, and a copy of the statement of purpose was submitted to the authority.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations. However, there was two occasions where notifications were submitted late to the Chief Inspector. This notification was in relation to an allegation, suspected or confirmed, of abuse to a resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. The provider had measures in place to ensure that the well-being of residents who lived in the centre was promoted and that residents were kept safe. The residents were provided with a resident's guide which had all the required information as per the regulations. Residents were involved in regular house meetings which included the residents input into the running of their home.

The provider had ensured that measures were in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in

the centre and a range of fire checks were being carried out by staff, in addition to regular servicing by external specialist. Fire drills were being carried out regularly and there was evidence that minimum staff drills were carried out. Each resident had a personal emergency evacuation plan.

Arrangements were in place to safeguard residents from any form of harm. These included safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff. Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge and discussed at team meetings.

The inspector examined a sample of personal plans and found that they were comprehensive and reviewed in a manner which ensured that staff had access to the most up-to-date care planning which promoted consistency in areas such as behavioural support. Residents were also supported to identify and achieve personal goals with some residents planning holidays and attending concerts. There was a real sense of supporting residents to get involved in community and local support groups. For example, residents had been involved in local concerts. Residents enjoyed a range of activities, such as, yoga, music, dancing, singing, walks, shopping, meals out and going to the local hairdresser.

Some residents who used this service required additional support in the area of positive behavioural support. The inspector reviewed associated plans of care which were formulated by a behavioural specialists. The inspector found plans to be comprehensive in nature and they worked to guide staff in delivering a consistent approach to care. The inspector spoke to a staff member regarding the supports required in the centre and found the staff to be knowledgeable of the plan and response to an escalation of behaviours to support the residents.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. The centre had support from clinical nurse managers and the staff team to support any healthcare appointments. Residents had access when required to a range of allied health professionals. Residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care need.

Residents had access to opportunities and facilities while in the centre. They had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. Inspectors observed on the day of inspection the day programmes each resident accessed in line with their wishes. However, on review of one resident's documentation it was observed the resident had requested their day service to be provided to them in their own home, this had been ongoing since early 2022. The inspector spoke to this resident about their current day service. They highlighted how they enjoyed the activities and complimented the staff, however they did emphasise that they would prefer a day service run from their own home. The provider had put in place additional staffing two mornings a week to endeavour to support the resident in their home, however it was still an ongoing concern for the resident to have a service provided to them in

their home. The provider had made the complaints procedure available to the resident, which the resident was supported by staff to avail of. The inspector spoke to the persons in charge regarding the provision of a day service in the centre in line with the wishes of a resident. It was clearly documented that the provider and persons in charge had ongoing meetings and discussion with the resident to keep them informed of any information and updates regarding this issue. The provider had also identified this on the six-monthly provider audit. A business plan had been submitted for funding and the provider was awaiting approval, however the issue has been ongoing since early 2022. The persons in charge acknowledged that the resident would like this day service opportunity.

The inspector reviewed the management of residents' finances in this centre and looked at a sample of the documentation in place around this. Residents had their own bank accounts and were supported to manage their money by staff and management of the centre. Financial assessments were in place for residents. There were clear systems in place to support residents to access their monies as desired and there were robust monitoring arrangements in place to safeguard residents' monies. Each resident had an inventory list of all their personal possessions which was reviewed on an annual basis.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions. Residents had facilities and were supported to manage their own laundry. Each resident had an inventory list, which was reviewed annually or when required.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational opportunities in accordance with their assessed needs and wishes. On the day of the inspection two residents were being supported to go shopping that evening as they had requested. The person in charge had ensured a day service programme was available to all residents in the centre.

One resident had requested to have their day service provided to them in their own home, this was ongoing since early 2022. The provider had put in place a business case to seek funding to support this resident. However, on the day of the inspection the process was ongoing.

Judgment: Substantially compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and it met the needs of the residents living there. Some of these facilities were in need of renovation but there was a plan in place by the provider for the necessary work. For example, refurbishment of kitchen presses, minor rust present on radiators and some painting. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents had choices at mealtimes and suitable foods were provided to suit any dietary needs of residents.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. The provider had prepared a guide in respect of the designated centre, which included information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk. The person in charge maintained a risk register for the designated centre, and each residents had individual risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured appropriate infection prevention and control practices were being followed. The designated centre was observed to be clean. The person in charge had ensured schedules were in place for the cleaning and laundry facilities, appropriate cleaning equipment was available to staff, for example, colour coded mop system.

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. Contingency plans and risk assessments were in place and being reviewed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the centre which included fire alarms, emergency lighting, fire extinguishers and fire doors. Each resident had a personal emergency evacuation plan in place and was reviewed regularly. The designated centre was completing fire drills regularly and a minimal staffing fire drill had taken place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration, prescribing and storage of medicines. Where a resident required support from staff or wished to take responsibility of their own medicines, they were risk assessed by staff to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured the residents' personal plans were subject to an annual review. Each resident had a personal plan in place to provide guidance for staff in meeting the needs of the residents. Goals were set in line with the residents' wishes. Some goals for 2023 included, attending a concert and planning an

overnight holiday with some friends. Residents had received multi-disciplinary review to assess the effectiveness of the plan and agreed objectives and actions were outlined in the personal plans.

Judgment: Compliant

Regulation 6: Health care

The health care needs of the residents were assessed and they had good access to medical and other healthcare services as required. Comprehensive assessments of residents' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were provided with detailed guidance and strategies to help them support residents appropriately. As previously stated, behaviour support plans were in place and up -to -date.

Judgment: Compliant

Regulation 8: Protection

The registered provider had arrangements in place to safeguard residents. Staff and management spoken with were knowledgeable on both local and national procedures and were up-to-date with the relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to have a person-centred experience in their home. The residents' choices were promoted and respected. The privacy and dignity of the residents was respected by staff. Residents had access to advocacy services. Staff were observed to interact with the residents in a caring and respectful manner. The residents had access to televisions and the Internet. Information was available to

residents in easy-to-read formats, such as the complaints and contracts of care. Residents were consulted at regular house meeting. Topics recently discussed included COVID-19, health and safety, fire safety, activities and upcoming planned trips or events.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick Group I OSV-0005821

Inspection ID: MON-0036231

Date of inspection: 18/05/2023

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider and person in charge will ensure that all notifications are submitted in line with regulations.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The registered provider will continue to engage with and support the resident regarding their wishes and continue to seek the required additional funding.	

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/08/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/06/2023