



# 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 D
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	28 April 2022
Centre ID:	OSV-0003942
Fieldwork ID:	MON-0028023

## About the designated centre

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

The centre provides a community residential service to service users with a mild to moderate intellectual disability. The service aim is through a person centred approach to improve the service users 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 comprises of three community residential houses which are based in Limerick. In order to support service users based on their need and preferences, the houses are managed and supported by social care staff and health care assistants who in turn are supported by their social care leader, person in charge and the nurse management team located nearby.

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

Number of residents on the date of inspection:	10
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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 28 April 2022	08:55hrs to 17:35hrs	Caitriona Twomey	Lead

## What residents told us and what inspectors observed

The centre was comprised of three two-storey houses located in the suburbs of Limerick city. Two houses were located within a short walking distance of each other. The third house was less than 10 minutes' drive away. The centre was registered to accommodate 11 adults, with three residents living in one house and four in the other two houses. Residents stayed in one house from Monday to Friday while attending day services. This house was closed at times that day services were closed, such as Christmas, Easter, and a period of time over the summer. The other two houses provided a full-time residential service to eight residents in total. This centre was last inspected by the Health Information and Quality Authority (HIQA) in July 2021. Only one house was visited during that inspection. The inspector visited the other two houses on this occasion.

This was an announced inspection. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. On arrival the inspector met with the person in charge in the house registered to accommodate three residents. They explained that one resident had left the centre at the outset of the COVID-19 pandemic in March 2020 and had not returned. This resident wished to remain in their native county and had the support of an independent advocate. The provider was liaising with another organisation to try and facilitate this. The other two residents had left to attend their day services and met with the inspector later that evening. The person in charge gave the inspector a tour of the premises and spoke with the inspector about the residents who lived there. While there the inspector also reviewed some documentation.

Four residents lived in the second house the inspector visited. The inspector had the opportunity to meet with three of the residents. One of these residents was due to move to another designated centre earlier in the year. Due to unforeseen circumstances, this move had been delayed. It was expected that they would move in the coming months. This resident had been kept up to date with the proposed move and the delay. When speaking with the inspector they expressed that while they were happy to move, they were also happy where they were. This move was planned as the house they lived in was no longer suitable for their assessed mobility needs. This will be discussed in more detail in the 'Quality and safety' section of this report.

Both houses were observed to be clean, bright and decorated in a homely manner. Spending time in each house gave a strong sense of the interests and personalities of the residents who lived there. For example, one resident liked to host their friends and a side table had been set up in the dining room with a coffee machine, cups and saucers. Photographs of the residents enjoying a recent party and upcoming plans were displayed on the refrigerator in the other house. When walking through the centre, the inspector observed some areas that required maintenance in both houses. These included a bathroom blind which needed to be replaced, torn

upholstery on a couch and damaged surfaces on kitchen units. One house had recently undergone some renovations including painting, some redecorating and the installation of new floors. Staff spoke with the inspector about the residents' involvement in choosing the colours of the paint and flooring. Similar works were planned for the neighbouring house. Each resident had their own bedroom. One resident's privacy was very important to them and this was clearly documented and was also communicated to the inspector. As this resident was not at home when the inspector was in their house, their bedroom was not viewed. The other bedrooms were decorated in line with residents' tastes and interests. Those who wanted one had a television in their bedroom. There were photographs of the residents and people who were important to them on display throughout the houses.

One staff member, completing a sleepover shift, worked in the house where two residents lived. In the other houses, a minimum of two staff were rostered to work at the weekend and from 3pm on weekdays. One staff member completed a sleepover shift. On weekday mornings, prior to residents attending daytime activities, only one staff member worked in these houses. At the time of this inspection there were some vacancies on the staff team. Staff had been recruited to fill these vacancies and were due to start the following month. During this period of recruitment, agency staff had been employed as required to ensure that the required staffing levels remained in place.

As outlined previously, the inspector had the opportunity to meet with five residents. There were warm friendships between residents in both houses. In each house a resident described one of the people they lived with as their best friend. Although some notifications submitted to HIQA suggested possible incompatibilities, residents who met with the inspector were very positive about living in the centre and the people they lived with. Residents emphasised how important their independence was to them and it was clear this was supported by the staff team. Residents were confident that any matters they raised would be addressed by staff and told the inspector who they would speak with. Residents spoke about their jobs, where they liked to spend their time, the people who are important to them and their plans for the future. Parties and celebrations were an important part of life in this centre. Residents spoke with the inspector about Christmas and Saint Patrick's Day parties, birthday celebrations and plans for garden parties over the summer. In the course of the inspection, the inspector saw and was shown many photographs of these important events.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff and resident meeting minutes were reviewed, as was the complaints log in one house. The inspector also looked at a sample of residents' individual files in both houses. These included residents' personal development plans, healthcare and other support plans. These were generally of a good standard. Areas for improvement were identified and will be outlined in more detail in the

remainder of this report.

As this was an announced inspection, resident questionnaires were sent to the provider in advance. Ten questionnaires were completed by residents with support from staff. Overall the feedback received was very positive and reflective of what the inspector had been told and observed during the inspection. Residents were positive about their bedrooms, the choices available to them and where they lived. Residents in one house reported enjoying spending time in a memory garden in their back garden. One resident made reference to the fact that it can be noisy at night. This issue was also referenced in the centre's annual review which stated that as two of the houses were located in a student area it was a long-term plan to relocate. The person in charge informed the inspector that this had not been an issue in recent months. It was clear from these questionnaires that residents were involved in a variety of community based activities that they enjoyed. These included going to the cinema, concerts, yoga, walking and going out for meals. Residents reported things they were looking forward to such as starting a new arts and crafts project, hosting a garden party over the summer, and going to visit a museum. Staff were described as very nice, fun, kind and helpful. A number of residents expressed that they did not like being supported by unfamiliar staff. Those who had made complaints were happy with how they had been resolved and all residents knew who to speak with if they were unhappy about something in their home.

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

Overall, good management practices were observed. There were clear management systems in place and evidence of learning from incidents and implementing changes in response to any identified issues. Ongoing monitoring and review of the suitability of this centre to meet the needs of all residents was required due to changes in circumstances for residents as they grew older and also in light of possible incompatibilities within resident groups. The provider had already assessed that the centre was not suitable to meet the needs of two residents. Further planning was required to meet the needs of one of these residents.

There was a clearly defined management structure in the centre which identified the lines of authority and accountability for all areas of service provision. Staff reported to the person in charge who in turn reported to the person participating in management, who reported to the service manager. It was identified that some additional planning was required to ensure that responsibilities were assigned to, and completed by, others in the absence of the person in charge. While there were

clear arrangements regarding some responsibilities such as the submission of notifications to HIQA, as will be demonstrated later in this report, other duties such as completing stocktakes of personal protective equipment (PPE) supplies had not been completed during a recent period of absence.

Staff meetings were held regularly in the centre and records indicated that a variety of topics were discussed. Each resident of the centre was discussed at each meeting and time was given to discuss their individual personal development goals. The importance of sharing information with residents was also highlighted in these meetings. Staff meetings and scheduled one-to-one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations.

The person in charge had the necessary skills and qualifications and was very knowledgeable about the residents and the day-to-day management of the centre. They fulfilled this role for this designated centre only. They demonstrated positive relationships with the residents and clearly knew them well. The provider had recently introduced a system for allocating supernumerary hours to persons in charge based on the number of houses they managed. As this person in charge was responsible for three houses their role was now fully supernumerary. The person in charge was based in the designated centre rather than an administrative office and spoke with the inspector about ensuring they spent time in each house every week. They had developed a monthly plan to ensure effective oversight of key areas of service provision in all three houses.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. There was evidence that many of the actions generated from these comprehensive reports had been progressed or completed. The review incorporated consultation with residents and their representatives which indicated a high level of satisfaction with the service provided. The need to monitor the ability of this centre to meet residents' needs due to changes in circumstances and residents' compatibility to live together was highlighted in the annual review. This was also evident on this inspection and is discussed further in the next section of this report.

The inspector met with a number of staff in the course of this inspection. All had a good knowledge of the residents, their preferences and their assessed needs. When speaking with the inspector, staff were very positive about the residents and working with them. All interactions observed were warm and unhurried. The person in charge spoke about the challenges of maintaining a regular staff team. This was especially difficult during the COVID-19 pandemic. The provider had continued with recruitment and at the time of this inspection, it was expected that all three houses would have a regular, stable staff team within weeks.

Staff training records were reviewed and indicated that staff were up to date with training in fire safety, safeguarding and infection prevention and control. As outlined in the compliance plan submitted following the last inspection of this centre, all staff

had since completed training in dysphagia. Five staff required training in the management of behaviour that is challenging including intervention and de-escalation techniques. One staff member was scheduled to attend this training the following month. No date was planned for another staff or the three staff who required refresher training. It was also noted that one staff member required training in the safe administration of medication. Management assured the inspector that this staff member did not administer medications in the centre. The inspector reviewed the complaints log in one of the houses. All complaints made had been investigated, followed up and resolved to the satisfaction of the complainant.

Residents had a recently reviewed and signed written agreement in place regarding the terms on which they stayed in the designated centre. An accessible version of this agreement had recently been developed to aid residents' understanding. Although currently on hold, the inspector reviewed the transition plan developed to support one resident's move to another designated centre. This involved opportunities for the resident to spend time in the centre prior to moving in. The resident already knew the residents living in the other centre and when speaking with the inspector was both aware of, and happy about, the move.

The provider had prepared a guide with information regarding the designated centre for the residents, as is required by the regulations. A separate guide had been prepared for each of the three houses. When reviewing these, it was identified that all three made reference to a full-time residential service. This was not accurate regarding the service provided in one house. One of the documents included a reference in error to one of the provider's other designated centres. Although it was the case in all three houses in the centre, only one guide referenced the possibility that a resident may need to move to alternative accommodation if the centre was unable to meet their needs following a change in their circumstances.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some revision was required to this document to ensure that the total staffing complement and the admission criteria to the centre were accurate. Some revision was also required to the description of the services and facilities provided in the centre. For example, although it was stated that one house was closed at Christmas, other recurrent, planned closures were not referenced. There was also a reference to residents sharing bedrooms and participating in activities with volunteers. Neither of these were accurate.

Management committed to revising the residents' guide and statement of purpose documents to address these matters.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in

line with the requirements outlined in this regulation.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
Staffing was provided in the centre in line with the staffing levels as outlined in a statement of purpose. The number, qualifications and skill-mix of the staff team was appropriate to the number and assessed needs of the residents in the designated centre. Recent recruitment had ensured that all vacancies would be filled in the coming weeks. Staff personnel files were not reviewed as part of this inspection.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Five staff were required to attend training in the management of behaviour that is challenging including intervention and de-escalation techniques. This was planned for one staff. The staff team had recently attended the other training sessions identified as mandatory in the regulations. There were effective systems in place to ensure staff were appropriately supervised.
Judgment: Substantially compliant
<b>Regulation 22: Insurance</b>
The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly-defined management structure in place. The provider had resourced the centre to ensure the delivery of care and support in line with the statement of purpose. There was evidence of oversight systems which ensured that the service provided was safe and effectively monitored. Some improvement was required to ensure that all of the responsibilities allocated to the person in charge were completed in their absence. There were regular staff meetings and supervision sessions held. The provider had assessed that the centre was not appropriate to meet two residents' needs. Although a plan regarding an alternative placement was in place for one resident, a similar plan had not yet been developed for the other.

Judgment: Substantially compliant

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

Written agreements were in place regarding the terms on which residents stayed in the designated centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to accurately reflect the total staffing complement, admission criteria, services and facilities provided in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

An effective complaints procedure was in place. A review of the complaints log in one house demonstrated that any complaints made were investigated promptly, measures required for improvement were put in place, and the satisfaction of the

complainant was recorded.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided was maintained to a good standard. A review of documentation and the inspector's observations indicated that residents' rights were promoted in the centre and they received a person-centred service that supported them to be active members of their community and to participate in activities they enjoyed. Residents' participation in the running of the centre was encouraged. However, as mentioned previously in this report it had been assessed that two residents' needs could not be met in the centre. Although a transition plan was in place for one of these residents, no definitive plan regarding an alternative placement had been developed for the other.

The inspector reviewed a sample of the residents' assessments and personal plans and found that they provided clear guidance to staff members on the supports to be provided. There was some duplication of documents within the plans and others were not always clearly dated. The person in charge had a schedule in place to review each personal plan to ensure they contained the most up to date information only. Appropriate healthcare was provided to residents in line with their assessed needs. There was evidence of regular appointments with medical practitioners including specialist consultants as required. Other allied health professionals were also involved in residents' supports. For example, following a recent change in one resident's mobility, both physiotherapy and occupational therapy support had been provided. An annual review of each resident's personal plan had been completed by a team of multidisciplinary professionals, as is required by the regulations.

As outlined in the opening section of this report, due to a change in circumstances the centre was no longer appropriate for one resident's assessed needs. Due to a decline in their mobility, one resident now regularly used a wheelchair. It was stated in the centre's statement of purpose that the centre is not wheelchair accessible. The size of the downstairs bedroom and bathroom, the layout of this building, and the external doors were not appropriate for a wheelchair user. An application had been submitted for funding to install ramps, however management advised that they expected this resident to move to a more accessible designated centre in the coming weeks. In addition to this planned move, in the time since this resident's needs had increased, they had moved to a downstairs bedroom, were provided with specialised equipment and received support from allied health professionals.

The suitability of residents to live together in two of the houses was also under review. An assessment had identified that one resident was living in a house that was not suitable to meet their needs. There was ongoing multidisciplinary involvement in this resident's supports and regular review meetings were held.

Although there was no specific plan in place, management advised that a wider review of placements across the organisation was planned. There had been a number of safeguarding incidents documented and notified to HIQA regarding the residents of another house. At the time of this inspection, the safeguarding measures in place were proving effective. However ongoing monitoring and review was required to ensure that all residents were safe and their needs could be met in the centre.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated, and responded to. When required safeguarding plans had been developed, shared with the staff team and implemented. Each resident had a personal and intimate care plan which identified the level of support required for different tasks. Over the course of the inspection, staff engagement and interactions with the residents were observed to be person-centred, positive and respectful.

Residents who required them had behaviour support plans. A collaborative approach was taken when developing these plans. Behaviour support plans listed a number of behaviours, however it was not clear which behaviours were current. A separate plan was in place regarding one specific behaviour for one resident. It was acknowledged that often the resident did not engage with this plan, however it was not clear or documented what staff were to do when this occurred. It was clear that there was learning from incidents which resulted in changes to the support provided to residents. However these changes were sometimes documented in others' safeguarding plans rather than in behaviour support plans. While the inspector was assured that the required information was available, a more streamlined approach would ensure that the relevant information was more accessible to the staff team. At the time of this inspection there were no restrictive practices in use in the centre. The use of one such practice had been proposed following a recommendation from an allied health professional. The recommended item, to ensure one resident's safety, had been ordered and an application had been prepared for the provider's oversight committee.

Residents' personal plans also included plans to maximise their personal development in accordance with their wishes, as is required by the regulations. It was very clear that the residents were leading this personal planning process and the goals outlined were meaningful. Some residents had canvas prints in their bedroom displaying their goals for the year. The inspector reviewed a sample of these plans. While there was evidence of residents' participation in the planning process, review and progress in achieving these goals was not always documented. For example, there was no documented progress on a goal developed in November of the previous year. On one occasion, staffing constraints had impacted on a goal being achieved. One resident had expressed a wish to have a massage twice a month. Notes indicated that this activity occurred once a month. When asked if the resident had changed their mind, staff advised that the reduced frequency was because not all staff working in the centre could drive. Management advised that this had since been addressed.

All residents living in the centre attended day services or activity groups from Monday to Friday. The person in charge spoke about how happy residents were to

return to their usual activities following the easing of national restrictions One resident had a job that they enjoyed very much. This had been suspended during the COVID-19 pandemic however the resident was delighted to have returned to the office in recent weeks. The residents in the centre enjoyed participating in a variety of activities both in the centre and in their local community. Art sessions had recently resumed and residents spoke about their DVD collection and films they liked watching together. On the day of inspection two residents met the inspector as they walked to a local café for a coffee. One resident was interested in cooking and had completed a number of courses in the local area. Residents were known in the locality and were chatting with neighbours on their return to the centre in the evening. Residents also participated in activities with the support of family. At the time of this inspection one resident was looking forward to a concert and foreign holiday with relatives.

Contact with friends and family was important to the residents in the centre and this was supported by the staff team. Staff were working to support residents to expand their friendship groups. Recent changes to some residents' family circumstances had been challenging for them. There was evidence that the staff team, at times with input from multidisciplinary professionals, were supporting residents to adapt to these changes.

Resident meetings were held monthly in each house in the centre. A review of these meeting minutes demonstrated how staff kept residents informed of any upcoming events, including this inspection, changes or news regarding the centre. These meetings were also used to support residents' understanding of their rights, to plan and request activities and meals, and to participate in other day-to-day activities. There was evidence that items raised during meetings were followed up by staff and management. For example, following a request to host a garden party during one meeting, subsequent meetings included references to furniture bought and other actions to make this happen. Residents living in this centre were representatives on the provider's advocacy group. The person in charge also spoke with the inspector about an advocacy themed project planned in one of the houses.

Both houses the inspector visited had well equipped and stocked kitchens. Refrigerators were observed to be clean and well stocked with fresh food. Meals were prepared in the centre and some residents spoke to the inspector about doing the grocery shopping. Some residents had been assessed as requiring a modified diet. Staff were very familiar with these needs and as outlined in the provider's most recent HIQA compliance plan, all staff had completed training in dysphagia.

The inspector reviewed some of the systems in place regarding the prevention and control of healthcare associated infections, including COVID-19. Although recently completed, an infection prevention and control (IPC) audit was not available for review. Weekly IPC checklists were available. When reviewing these, it was noted that not all of the information was accurate. For example, it was marked that a stocktake of PPE supplies had been completed weekly however it had already been discussed with the inspector that this had not taken place in the last month due to the absence of the person in charge. Despite this oversight, there were no issues with the level of supplies available in the centre. The person in charge informed the

inspector that they also regularly completed hand hygiene audits, which included observing and assessing staff members' hand hygiene practice.

As outlined previously, the centre was observed to be clean on the day of inspection. However some damaged surfaces were observed throughout the centre. These included on a couch, kitchen unit and flooring in some areas. As a result it would not be possible to effectively clean these surfaces. Mould was also observed on the blind in one bathroom. The inspector observed good practice regarding the storage of a sharps bin in one of the houses. When in one bedroom, it was noted that medical equipment used by resident was not stored in line with the guidance in place. The person in charge followed up on this during the inspection. The inspector reviewed the laundry area in one of the houses. This was clean and well organised. All four residents living in this house were involved in managing their own laundry. A system was in place to ensure there was no mixing of clean items and those that needed to be washed.

A number of staff and residents had tested positive for COVID-19 in recent months. Reviews completed by the provider indicated that these infections were due to community based transmission linked to the reduction of national restrictions. All residents who were required to do so had coped well with isolating in their bedrooms. One resident was isolating at the time of this inspection. The person in charge had developed individual COVID-19 plans of care for all residents of the centre.

At the time of this inspection, this centre had an additional registration condition regarding fire precaution works to be completed in the centre. Evidence that these works had been completed had been submitted the HIQA and also followed up on a subsequent inspection. This additional condition would therefore not be applied when renewing the registration of this centre.

### Regulation 10: Communication

Residents were supported to communicate in line with their needs and wishes. Residents had access to a telephone and the internet in each house in the centre.

Judgment: Compliant

### Regulation 11: Visits

Residents were supported to receive visitors in line with their wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had opportunities to participate in activities in line with their wishes, interests and assessed needs. They were active members of their local community and attended daytime activities during the week. Staff had a good knowledge of residents' preferred activities and supported them to maintain and establish relationships with others.

Judgment: Compliant

### Regulation 17: Premises

The premises were clean and decorated in a homely manner. The flooring in large parts of one house had been recently replaced and this work was planned for another house in the centre. The premises were not accessible to one resident who used a wheelchair. Applications for funding had been made to fund alterations to facilitate access to the outdoor areas. It was also noted that rooms of a suitable size were not available to this resident. A transition plan to a more suitable premises was on hold at the time of this inspection. Areas where maintenance was required are addressed in Regulation 27.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The food provided in the centre was nutritious. Residents were offered and supported to make choices at meal times and to participate in meal preparation in line with their wishes.

Judgment: Compliant

### Regulation 20: Information for residents

The guide prepared in respect of the designated centre required review to ensure that it accurately reflected the services provided in the centre.

Judgment: Substantially compliant

## Regulation 25: Temporary absence, transition and discharge of residents

Support was provided to the resident who was moving to another residential service. A transition plan was in place and the resident was familiar with, and involved in, this plan.

Judgment: Compliant

## Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare associated infections including COVID-19. Although the centre was observed to be clean, there were some damaged surfaces, for example on a couch, some floors and kitchen units. As a result it would not be possible to effectively clean these surfaces. Mould was also observed on one bathroom blind. Improvement was required to ensure that personal medical equipment was stored in line with guidance following cleaning, and that infection prevention and control checklists were accurately completed.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

An assessment of the health, personal and social care needs of each resident had been completed. Each resident had a personal plan. Improvements were required in the review of residents' personal development goals. The provider had assessed that the centre was not suitable to meet the needs of two residents living in the centre. Although a plan regarding an alternative placement was in place for one resident, a similar plan had not yet been developed for the other.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Residents had access to medical practitioners and allied health professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were no restrictive procedures in place at the time of this inspection. Residents who required one had a recently reviewed behaviour support plan. Guidance was not available to staff on how to support a resident when they did not engage with a plan in place to address one specific behaviour. The staff who required training in the management of behaviour that is challenging is addressed under Regulation 16.

Judgment: Substantially compliant

### Regulation 8: Protection

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. All staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The designated centre was operated in a manner that respected the residents' individual needs. Residents were encouraged and supported to exercise choice and control in their daily lives. Residents' feedback and input was sought and acted upon.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Residential Service Limerick Group D OSV-0003942

Inspection ID: MON-0028023

Date of inspection: 28/04/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC will ensure that all staff attend training in the management of behaviours of concern</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC has developed a system for ensuring that responsibility is assigned to ensure that all duties are completed in the absence of the PIC.</p> <p>The registered provider will ensure that residents needs are reviewed to monitor the suitability of the centre to meet their assessed needs, required supports are implemented.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The PIC has ensured that the SOP has been updated to accurately reflect the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The registered provider has ensured that one resident has transferred to another centre that is suited to their assessed needs.</p> <p>The outstanding replacement flooring is scheduled with the supplier.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:  The PIC has reviewed and updated the Residents Guides to ensure they accurately reflect the services provided in the centre.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The PIC has ensured the following:  A replacement sofa is sourced.  The outstanding replacement flooring is scheduled with the supplier.  Maintenance department will review the damaged kitchen unit with a view to repair.  The bathroom blind has been removed and replacement order has been placed.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The registered provider has ensured that one resident has transferred to another centre which meets their assessed needs.</p> <p>The registered provider has ensured that ongoing multidisciplinary supports are provided for a second resident. There will continue to be ongoing multi-disciplinary reviews to ensure assessed needs of all residents are identified and supported. This residents individual assessment of presences and needs has been reviewed by MDT to ensure all potential supports are implemented. This includes SALT and CNS Positive Behaviour Support.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The PIC has ensured that a support plan in place for one resident has been reviewed and updated in conjunction with CNM3/MCB trainer to ensure clarity in guidance to all staff.</p> <p>The PIC will ensure that all staff attend training in management of behaviours of concern.</p>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2022
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	30/05/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Substantially Compliant	Yellow	30/05/2022

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2022
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	30/05/2022
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	30/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	31/08/2022

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/05/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/05/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	31/10/2022

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
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