



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# 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 B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	07 November 2023
Centre ID:	OSV-0003940
Fieldwork ID:	MON-0032662

## About the designated centre

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

The Community residential service provides full time residential support to ten adult residents on a full time basis. The centre is comprised of two separate houses located in quiet residential areas close to local amenities and public transport. The service provides a homely environment for the adults, both male and female, where they can live with respect and dignity, express their individuality, live as members of a household and be integrated into the local community. The service offers all residents the opportunity to live in their own home, to share their home with friends, to build their own network of friends and family and to utilise all community resources as desired. These opportunities are available through an individualised approach to planning and provision of care and support, which involves the service user, the family, friends and key workers. The support provided is a social model of care with staff support during the day when residents are unable to attend their day service. Sleep over staff are also present in both houses each night.

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

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 7 November 2023	09:30hrs to 18:30hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents in this centre were being provided with a good quality, person centred service. Residents were seen to be happy in their home and were supported by a committed staff team. Some ongoing incompatibility issues were present in the centre but the provider was responding to this and had put in place measures to limit the impact this was having on residents at the time of the inspection.

There were nine residents living in this designated centre at the time of the inspection and one vacancy that was due to be filled. The inspector had an opportunity to meet with six residents during the inspection. The centre was made up of two houses, one with an interconnected apartment space. The houses were located close to one another in a residential part of a large city. There was outdoor patio and garden space available to residents in both houses. One house was home to three residents, the second accommodated six residents, including one resident who lived in the apartment. One resident was attending the centre on a part-time basis at the time of this inspection.

Residents welcomed the inspector warmly to their homes during the inspection. Some residents chose not to interact at length with the inspector and some residents were not present during the time the inspector spent in their homes. One resident requested that the inspector did not enter their bedroom. This wish was respected with assurances received from the provider that staff had regular access to this bedroom with the residents consent and were able to maintain appropriate oversight of this room as required.

Residents told the inspector about life in the centre and some residents spoke about some of their achievements while living there, including graduating from an education course. Some residents spoke of their likes and dislikes and communicated freely with staff and the inspector on the day of the inspection. One resident showed the inspector things that were important to her in her personal file and it was clear that they were familiar with this document. Prior to the inspection, one resident had suffered a recent bereavement. The inspector offered this resident their condolences and the resident spoke with the inspector about the preparations they were making for the funeral. They spoke about how staff and other family members were supporting them with this.

Residents were observed relaxing in their homes, leaving and returning to their homes throughout the day, enjoying meals and refreshments, spending time in their rooms, watching TV, chatting to staff and attending to activities of daily living throughout the day. Residents communicated very positively about the staff that supported them. Some residents told the inspector it could be difficult at times living with some of the people that they shared a home with but that staff were very supportive around any issues that arose. One resident told the inspector that they had recently expressed a wish to move out of their home and live in an apartment

on their own with staff. There was evidence that the provider was exploring alternative options with this resident. This resident also told the inspector that they were moving bedrooms and that they were very happy with their planned new room and would be happy living in the centre in this new room. Pictures were displayed in some residents' bedrooms of residents taking part in various activities and of past occasions in the residents' lives. Throughout this inspection residents were observed to be comfortable and content in their homes and in the presence of the staff supporting them. Staff working in the centre on the day of the inspection demonstrated a strong awareness of the individual communication and support requirements of the residents living in the respective houses in the centre.

Residents' bedrooms were seen to be nicely decorated and personalised according to residents' wishes. Residents' told the inspector they had chosen their own furniture and soft furnishings and were proud of their bedrooms. One residents' bedroom was observed to have been adapted in an attempt to reduce the impact of specific responsive behaviours and meet the specific needs of the resident. This room was observed to have a build-up of clutter on one side and was decorated with minimal furnishings as was the preference of the resident. This will be discussed further in the quality and safety section of this report. At the time of this inspection a resident was due to transition into one house of the centre and the inspector saw that preparations had been made for this resident, who had been involved in some decisions about the décor of their new bedroom.

In one house, there was very little on display in the communal areas due to the preferences of a resident living there. However, information was available to residents on display in the staff office, and residents were observed to enter this space as they wished while the inspector and staff were present. In the other house, the inspector saw that residents were provided with a variety of information on display including a weekly menu, visual staff schedule and information about rights, complaints and safeguarding. It was seen that care was taken to respect the privacy of residents. For example, a notice on the kitchen notice board directed new or unfamiliar staff to important information required to safely support a resident with, but this notice did not identify the resident.

As part of this announced visit, residents were provided with an opportunity to complete questionnaires about their service prior to the inspection. Some residents completed these themselves and others were supported by staff to complete them. The inspector received nine completed questionnaires. The feedback provided from residents was overall very positive. Residents liked their homes, their bedrooms, the staff and the food provided to them. Some residents mentioned that they did not always get along with some of the people they lived with. A number of resident mentioned that their rooms had recently been redecorated. From speaking to residents on the day of the inspection, these responses were seen to be an accurate reflection of residents' views about the centre.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that, for the most part, residents were being afforded safe and person centred services. Some incompatibility issues were present in both parts of the centre and there were some challenges in meeting the

assessed needs of all residents in the centre due to the complex needs of one resident. The actions the provider had taken to address this are outlined in the next section of this report.

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

## Capacity and capability

Inspectors reviewed the capacity and capability of this centre to provide safe and effective services for the residents that lived there. The centre was previously inspected in 2022 with overall positive findings on that inspection, although some non compliance was identified. Overall, the findings of this inspection remained positive and the inspector saw that there were effective governance and management systems in place. The assessed needs of some residents had changed further since the previous inspection and despite a number of actions taken by the provider to minimise the impact, this was impacting on the providers' ability to have in place fully effective safeguarding measures. Some minor issues in relation to the premises were also identified, although there were plans in place for most of these to be addressed.

This announced inspection was carried out to inform the decision around the renewal of registration of the centre. A clear management structure was present. The statement of purpose for this centre set out the management structure in place. The staff team consisting of social care workers and healthcare assistants reported to the person in charge, who in turn reported to a Clinical Nurse Manager 2 (CNM2). This individual was a named person participating in the management (PPIM) of the centre. The PPIM reported to the service manager. Both the person in charge and PPIM were available to the inspector on the day of the inspection and the inspector had an opportunity to speak with both of these individuals.

The management team in place were seen to have good oversight and maintained a strong presence in the centre. An on call management rota was in place to provide staff with additional support if required out of hours. Team meetings were taking place and appropriate audits were being completed. The person in charge divided their time between the two units that made up this centre and had developed strong relationships with the residents. It was clear that residents and staff were comfortable in the present of the management team and that the person in charge was available to residents and staff on a regular basis, should they wish to speak about any concerns they had.

The person in charge was full time in their role and had remit over this centre only. The role of the person in charge was not supernumerary and they were allocated 19.5 hours per week for administration duties. The person in charge reported that it

could be a challenge to complete all administration duties in this allocated time but that the staff team worked together to ensure that all required duties were completed. The inspector saw that the person in charge maintained a very strong presence in the centre and that residents and staff were very comfortable in the presence of this individual. There were a number of complex issues that required continuous review and oversight at the time of this inspection and the person in charge and PPIM were both seen to have comprehensive knowledge and oversight of these issues and were escalating issues as appropriate.

An annual review of the quality and safety of care and support had been completed in late 2022 in respect of this centre and was made available to the inspector. This outlined what improvements had been made since the previous inspection of the centre, and any outstanding actions. The inspector was also provided with a list of actions identified in respect of the 2023 annual review, which was being completed at the time of the inspection. Overall, these documents showed that the provider was responding to the findings of inspections and that progress had been made in relation to the compliance plan submitted in respect of the centre. For example, in response to a non compliance in safeguarding, be-spoke training for staff on safeguarding and protection was completed to ensure that staff understood and managed any safeguarding incidents that occurred. The annual review provided evidence that residents were consulted with. At the time that the annual review had been completed, three residents had expressed a desire to live on their own. There was some evidence that these residents were being supported to explore the choices available to them in relation to their living arrangements, although at the time of this inspection there were formal no plans in place to support residents to leave their current living arrangements.

Staff spoke positively about the management systems in place and told inspectors they felt well supported and were comfortable to escalate any concerns they had. A six monthly unannounced visit reviewing the safety and quality of care and support provided to residents had been completed as required by regulation in respect of the centre. Accident and incident logs in respect of the centre was viewed on the day of this inspection and it was found that incidents were appropriately reported and responded to, including learning from same.

This centre was staffed by a core group of regular dedicated staff with a skill mix appropriate to the assessed needs of the residents living there. One regular agency staff was employed in the centre at the time of the inspection and aside from this, a full staffing complement was in place. Recruitment was underway to fill this vacancy. The person in charge told the inspector that some long term leave was anticipated in the months following the inspection but that this would be covered by increased availability of regular staff, and there were two regular relief staff that would also provide additional cover. This would provide continuity of care for residents and ensure that residents were supported by staff that were familiar with their support needs. An additional unfunded staff member remained employed by the provider to support a resident with specific assessed needs in one part of the centre and this was seen to be mitigating against some of the identified compatibility issues. The person in charge told the inspector that they maintained



oversight of the training and supervision of relief staff employed in the centre.

There were two staff on duty one house and three staff in the other by day when residents were present in the centre. The most familiar staff member was appointed shift lead each day. At night, two sleepover staff provided supports in one house and one in the other. The inspector saw that staff levels at the time of the inspection were sufficient to ensure residents were provided with appropriate care and support and could participate in external activities if they desired. Staff members spoken to were found to be knowledgeable and respectful in how they spoke of residents and presented as strong advocates for the residents.

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 registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to have the capacity to maintain oversight of the centre.

Judgment: Compliant

### Regulation 15: Staffing

A regular core staff team worked in the centre providing continuity of care to residents. A staff rota was maintained in the centre. The registered provider had made efforts to ensure that the staffing arrangements in place were appropriate to the the number and assessed needs of the residents living in this centre. There were two staff on duty one house and three staff in the other by day when residents were present in the centre. The most familiar staff member was appointed shift lead each day. At night, two sleepover staff provided supports in one house and one in the other. The inspector saw that staff levels at the time of the inspection were sufficient to ensure residents were provided with appropriate care and support and could participate in external activities if they desired. Staff had the knowledge and skills required to support the residents of this centre. The number, qualifications and skill mix of staff was appropriate and continuity of care was provided.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records viewed showed that staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of staff. Where training needs had been identified, this was planned accordingly. Staff had participated in a variety of training including fire safety and safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 22: Insurance

The provider had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that the designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of authority and accountability and management systems in place in the designated centre were appropriate. There was evidence of strong local oversight in the centre and issues were being escalated to the provider as appropriate. Annual reviews were taking place and included consultation with residents and their representatives. There was evidence that actions identified as part of the annual review were being completed. Audits were being completed including unannounced medication audits, pharmacy audits and health and safety audits.

Judgment: Compliant

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

Resident had contracts of care in place and had been provided with easy-to-read information about the charges and contributions they paid.

However, an updated contract for the provision of services were required in respect of each resident. The contracts in place did not accurately set out the fees and charges paid by residents and did not reflect changes in tenancy arrangements in place for residents. This meant they did not reflect accurately the services provided

for residents.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had notified the chief inspector in writing, as appropriate, of any incidents that had occurred in the designated centre.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
An easy-to-read/visual complaints procedure was on display in a prominent place in both parts of the centre. Staff spoken to were aware of their responsibilities in this area. Complaints were seen to be responded to and taken seriously, and the complaints log in the centre had maintained to include the required details, such as the outcome or satisfaction of the complainant.
Judgment: Compliant
<b>Quality and safety</b>
The inspector looked at the quality and safety of the service provided to individuals living in this centre during this inspection, and saw that the standard of care afforded to residents was very good. A person centred approach was evident in all aspects of care and support observed by the inspector. Some incompatibility issues were present in both units of the centre and while this was impacting on some residents, the provider was taking some action in relation to this.

For the most part, both premises were suitable to meet the needs of the residents in this centre. Resident bedrooms were decorated in a manner that reflected the individual preferences of residents. Residents were observed relaxing in their bedrooms and in communal areas of the houses and were seen to be comfortable to move about their home. Both houses in the centre were overall clean and maintained to an adequate standard. Both homes had large back gardens and the inspector saw garden furniture that residents were reported to utilise in good weather. One resident had built a memory garden in their back garden.

The inspector was told that some residents had previously made complaints about noise in both units of the centre. In one house, changes had been made to the bedroom environment of one resident to mitigate against this and this will be discussed further in this section of the report. In the other house, there were advanced plans for one resident to change bedrooms and it was hoped that this would reduce the impact of noise on residents.

The person in charge explained that one resident had certain preferences in relation to their environment and about the measures that had been taken to provide a suitable bedroom environment for this resident. Soundproofing had also been completed for this bedroom to reduce the impact of noise for other residents as the resident was reported to have a preference to rearrange their bedroom furniture frequently. There were also measures in place to address and mitigate against identified infection prevention and control (IPC) concerns for this resident. Despite the efforts taken by the provider, this residents' bedroom was observed to be in some disarray, with clutter in some areas and stark in others. However, it is acknowledged that this was in line with the preferences of the resident and was being managed by staff and management to the best of their ability at the time of the inspection. There were no sheets on the residents' bed when the inspector observed the room, but the person in charge told the inspector that these were put back on the bed each night by the resident.

This resident had very specific assessed needs and was reported to engage in some responsive behaviours that could impact on the people they shared their home with. At the time of the previous inspection, all of the residents in this house had told that inspector that they wished to remain living together and were happy with the arrangements in place. The provider had been in the process of adapting this residents' bedroom to reduce the impact of noise on other residents during the most recent inspection of this centre. However, despite significant works being completed, these measures were not fully effective. Although this resident was reported and observed to be overall content in their home and the provider was meeting their day-to-day needs at the time of the inspection, changes in the intensity of the responsive behaviours of this resident meant that there was a more significant impact on the other residents that they lived with. Some safeguarding concerns had been identified and some residents had communicated that they no longer wished to live with all of the people they shared their home with. Another residents' needs were also changing.

The provider had recently referred some residents to the admissions, discharge and transition committee to review their current placements and explore potential

alternatives that would be in line with the assessed needs and wishes of all residents. In the interim one resident was being provided with 1:1 staff supports during the day and had access to their own dedicated transport and this was helping to reduce the potential impact that they might be having on their peers. A behaviour support plan was viewed that showed a resident was being supported to manage any behaviours of concern and had access to appropriate supports, including input from allied health professionals. There was evidence of very significant input from allied health professionals and multidisciplinary team meetings were taking place on a very regular basis. Also, residents had been supported to take holidays apart if they wished and staffing resources were sufficient to allow residents to spend time out of the house in the evenings and weekends if they wished. A risk assessment was in place also in relation to this and this was seen to have been regularly updated to reflect any changes

Some other safeguarding incidents had also taken place between residents in the other house in this centre. The person in charge told the inspector that multidisciplinary reviews had been completed in respect of residents and that a potential compatibility issue for two residents that lived and worked together had been identified. One resident had self-directed changes in how they spent their time in day services and this was having a positive impact. This alongside with other planned changes in the centre was anticipated to reduce the potential for further safeguarding incidents. Staff spoken with were familiar with the safeguarding plans in place in the centre and told the inspector they would be comfortable to report any concerns they had. Staff were familiar with the procedures in place for reporting safeguarding concerns.

The inspector had an opportunity to speak with some of the staff members working in the centre throughout the day. These individuals were familiar with the residents that they supported and presented as committed to ensuring that residents received a good quality and safe person centred service. Staff spoken to during the inspection told the inspector that they felt that overall the needs of residents were being met in the centre and that residents had a good quality of life and were safe in the centre. They told the inspector how the staffing arrangements contributed to this by providing residents with opportunities to leave the centre regularly and take part in activities within the local community if they wished. One staff member told the inspector that the atmosphere and relationships among residents that had lived together for a long time "feels like family". Another staff member told the inspector about their role as a keyworker to a resident and spoke about how they supported the resident to achieve their goals.

Fire containment and detection measures including fire doors and an appropriate alarm system were in place in this centre. Suitable fire fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area and plans were in place to provide for the safe evacuation of residents, staff and visitors in the event of a outbreak of fire in the centre. Regular checks were being carried out in relation to fire safety, such as a weekly fire door, fire equipment and fire alarm checks. There was emergency lighting in place and regular fire drills were occurring,

including night time simulation drills.

A sample of residents' individualised care plans were viewed by inspectors. These were found to be comprehensive and provided sufficient information to guide staff. Personal plans were seen to be accessible to residents and residents' files and documentation contained numerous pictures of activities residents enjoyed and important events in residents' lives. Consultation with residents and their representatives was evident in the documentation viewed in the centre. Plans were reviewed and updated as required. The information contained in these plans showed that residents were being supported on an ongoing basis to set and achieve individualised goals that were meaningful to them. For example, one resident had set a goal to participate in 'The Great Limerick Run' and there was evidence of them achieving this goal. Other goals identified included attending various sporting events, visiting specific places of interest, social outings with friends, taking part in a drama show, holidays at home and abroad, and trying out new activities. There was evidence that residents had accessed numerous multidisciplinary supports as required, including appropriate medical input and mental health supports. Plans were in place to support residents to transfer to acute services, should the need arise.

Agreements were viewed between some residents and the provider in relation to plans to fit new wardrobes in their bedrooms. These residents were provided with wardrobes by the provider but wished to have fitted wardrobes in their bedrooms. The agreement specified that the resident would pay for this furniture themselves but would be reimbursed should they decide to leave the centre or move bedrooms. Residents and their families had been consulted about this and agreed to it. Inventories of residents' personal belongings were also maintained in the centre to safeguard items of value belonging to residents. Some issues in relation to contracts of care are outlined in the judgement section of the report.

### Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with ample opportunities for recreation and meaningful activities. The future needs of residents had been considered and action was being taken to address issues that had been identified. Continuity of care was provided to residents.

Judgment: Compliant

### Regulation 17: Premises

The two houses that made up the designated centre were seen to be overall clean,

adequately maintained and and decorated in line with residents individual preferences. There was adequate cooking and bathroom facilities and outdoor space and laundry facilities were available to residents. There were some challenges in relation to storage in the centre and some areas were seen to be cluttered. For example, clothes horses and an ironing board were stored in the kitchen of one unit. One residents' responsive behaviours and specific preferences meant that the provider faced ongoing challenges to keep their bedroom clean and free of clutter and to limit the impact of destructive behaviours. The provider had taken significant additional measures to manage this at the time of this inspection but these were not fully effective. For example, the provider had engaged the services of a contract cleaner to complete a deep clean of this bedroom on a weekly basis but some IPC and health and safety concerns were identified to be ongoing such as dirt and debris on the floor and an array of items piled up on the floor on one side of the room.

Some works had been completed recently in the centre. A new bathroom had been fitted in the apartment, new kitchen fittings had been put in place in one house and new garden furniture had been purchased. One bathroom was being renovated in the other house at the time of the inspection. Some works were due to be completed in the centre and these works were planned:

- Rust on a radiator and bath panel damaged in the upstairs bathroom of one house
- New flooring throughout one house
- Front and back doors to be replaced in one house
- Painting works in the apartment area.
- Downstairs bathroom being replaced in one house

Judgment: Substantially compliant

### Regulation 20: Information for residents

An appropriate resident's guide was submitted as part of the application to renew the registration of this centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire detection and containment measures. Equipment was regularly serviced and plans were in place for the safe evacuation of the centre in the event of an outbreak of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The previous inspection had highlighted some incompatibility issues present in this centre but that residents were satisfied to remain living together. However, more recently, some residents had expressed dissatisfaction with their living arrangements. A needs assessment had been completed that highlighted that to meet all of the residents' needs in one area of the centre, alternative accommodation would be required for at least one resident. At the time of this inspection, residents remained living together and the centre was not fully meeting the assessed needs of all residents. However, the provider had taken steps to explore this and had put in place additional measures, such as additional staffing, to reduce the impact of the current living arrangements on all of the residents and to ensure that residents assessed needs were being met insofar as possible within the current living arrangements. There were no plans in place for any residents to move out of the centre at the time of the inspection. However, the provider had recently made some referrals to the admissions, discharge and transfer committee to explore alternative opportunities for some residents who had either changing needs or had expressed a wish for different living arrangements.

Individualised plans were in place for all residents that reflected their assessed needs. These were available in an accessible format and were regularly reviewed to take into account changing circumstances and new developments.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate health care was provided for residents. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment was facilitated. Residents had access to health and social care professionals as appropriate. Nursing input was available to residents if required.

Judgment: Compliant

### Regulation 8: Protection

Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff spoken to were familiar with the



procedures in place and were knowledgeable about plans in place to protect residents. Safeguarding concerns were being appropriately identified, reported and responded to. The previous inspection had found that residents had not been consistently supported to live in a safe environment free from abuse at all times. Some action had been taken to address these issues and safeguarding was being well managed at a local level. However, although the provider had completed actions identified in the previous compliance plan, the previous issues had not yet been fully addressed and some safeguarding concerns remained.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Where residents had expressed dissatisfaction with their living arrangements, these views had been listened to and steps were being taken to explore alternative options with residents.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Residential Service Limerick Group B OSV-0003940

Inspection ID: MON-0032662

Date of inspection: 07/11/2023

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered provider will ensure an updated contract of care reflecting tenancy arrangements will be in place by 30 March 2024.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that required maintenance works are completed. External doors have been replaced. New flooring has been completed. Bathroom upgrade has been completed. Remedial works will be completed to radiator and bath panel. An updated cleaning schedule has been devised for one room to ensure cleaning and hygiene standards are met. Painting will be completed in one area when new furniture is fitted.	
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:  The registered provider is preparing a timebound costed plan to develop alternative living accommodation for one resident.  The design brief is being prepared currently and will be brought for MDT approval by 30.04.2024.  When approved by MDT, it will be costed and submitted for planning permission.  Approved housing body has given approval in principle to support this work financially.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The registered provider will continue to support residents to self-advocate and ensure their wishes and preferences are supported.  The registered provider is preparing a timebound costed plan to develop alternative living accommodation for one resident, in line with their assessed needs.  The design brief is being prepared currently and will be brought for MDT approval by 30.04.2024.  When approved by MDT, it will be costed and submitted for planning permission.  Approved housing body has given approval in principle to support this work financially.</p> <p>This will support safeguarding of all residents in the centre.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be	Substantially Compliant	Yellow	30/03/2024

	charged.			
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	30/06/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2024