



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 E
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	15 March 2021
Centre ID:	OSV-0003943
Fieldwork ID:	MON-0032078

About the designated centre

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

The centre comprised one domestic style houses located in a suburban area close to large city. The service was available to adult women who have mild to moderate intellectual disabilities. The aim is through a person centred approach to improve the residents quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The intention of the designated centre is to provide residential and day supports for the older residents who are retired, semi retired or in the pre retirement stage of their lives. The intention is to maintain the service user in their own home and provide staff to support their age related needs either from a distance, part time or full time as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 15 March 2021	10:00hrs to 17:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with three of the four residents who resided in the centre. One resident remained at home with family for the duration of the COVID 19 restrictions. The residents were very articulate and were enthusiastic about telling the inspector their experiences and views of the service provided in their home. They spoke very positively regarding the staff and person in charge who supported them. One resident spoke of their experiences as a child when they came to reside in a centre on the campus of the same provider. They outlined the differences in the support they receive now as opposed to then and talked about how it had changed for the better. They stated that they had 'ups and downs' with the other residents they lived with but overall they were very happy and felt safe in the centre. The residents spoke about how difficult they find the lock down but that they understand why they cant go certain places at the moment. The residents were well informed around COVID 19, advocacy and rights and felt that there rights were being upheld in the centre. They said they were treated with respect by the staff in the centre and spoke highly of several staff who were supporting them to go for walks and drives. One staff member was supporting them to buy and build a chicken coop and they had purchased chickens from a rescue centre, the residents were very excited about this. The residents bedrooms were decorated beautifully in line with their personal taste, one resident was excited about ordering sliding wardrobes for their room and the staff informed the inspector that the provider had purchased new furniture and flooring for the sitting room in line with the residents choice.

All residents said that they received good support and said that the staff were very kind to them. Throughout the inspection the staff were very respectful of the residents and were very skilled at encouraging the residents to be independent. The centre was warm and clean and was very homely. It was decorated with the residents belongings, personal items and photographs. There was a lovely atmosphere throughout the day and the residents were very welcoming to the inspector.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the residents was to a very good standard, was safe, appropriate to their assessed needs and consistently and effectively monitored. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role and was both knowledgeable about the residents assessed needs and the day-to-day management of the centre.

The person in charge had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the resident and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example a staff member had spoken to the residents in advance of the inspection to ensure the residents were fully aware and did not experience any anxiety around the inspector visiting.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted by the inspector that there was significant training completed by staff in relation to protection against infection. The staff had completed Hand Hygiene Training, Breaking the Chain of Infection, Personal Protective Equipment and Infection Prevention and control Training. Discussions with staff indicated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service in October 2020 and a review of the quality and safety of service was also carried out in October 2020. This audit included residents views and also reviewed staffing, quality and safety, safeguarding and an analysis of incidents. Some areas identified for review were: minor work to premises such as upgrade to one residents en suite bathroom and to facilitate regular resident meetings. Also to update th risk assessments to incorporate the COVID -19 framework. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or were in the process of being completed.

There was an effective complaints procedure in place in an accessible format. It was noted that complaints were mostly resolved locally and were resolved to the satisfaction of the complainant. There were no open complaints at the time of inspection.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and was effective in the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training in line with regulations.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a very good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the residents. The assessment of needs included review of the residents' behaviour support needs. The support plan gave clear guidance for staff on how to support the resident. The staff were able to tell the inspector of the supports and strategies put in place for the resident and how they were implementing such supports. For example a staff member had spoken to the resident in advance of the inspector visiting as the resident experiences anxiety around uncertain situations.

There was a behaviour support plan in place which provided guidance to the staff regarding one residents behaviour however a referral to psychology for further support in this area had not been actioned at the time of inspection. Also new staff who had been redeployed from day service for the duration of the COVID -19 pandemic had not been fully inducted in the behaviour support needs of one resident resulting in an incident occurring which may have been redirected had the behaviour support guidance been followed.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. The residents had access to television, Internet and one resident had recently purchased a tablet in order to

watch mass and shop online.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were very active in their local community. They utilised local shopping centres, local amenities such as parks, went for walks and drives. On the day of inspection the residents had purchased a takeaway lunch and gone to a local park to eat and for a walk.

Overall the health and well-being of the residents were promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. For example the inspector noted one resident had lost 2 stone weight to improve their overall health with support from staff around meal planning and exercise. The residents had support with specialised diet for high cholesterol and also were supported to access their GP and other health care professionals.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents belongings. Furniture and flooring had been ordered for the sitting room, this was done following consultation with the residents around personal choice and taste.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the residents were still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which were carried out monthly and found that they indicated that the residents could be safely evacuated in 42 seconds. Personal egress plans were in place for both residents. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with a staff member regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns and were familiar with the safeguarding plan that was in place.

Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

The provider ensured that the resident received appropriate care and support in accordance with assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire management system in place

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a assessment of the residents needs had been completed.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary. However staff did not have up to date knowledge and skills, to respond to behaviour that is challenging.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Residential Service Limerick - Group E OSV-0003943

Inspection ID: MON-0032078

Date of inspection: 15/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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 person in charge ensured training on Managing Challenging Behaviours (MCB) facilitated by MCB Trainer for all staff who work in the centre on 9 April 2021. A follow up workshop is planned for 07 May 2021.</p> <p>The person in charge has ensured the Psychologist has reviewed and is in agreement with the strategies outlined in the behaviour support plan.</p> <p>The Psychologist will attend MDT meeting scheduled for this resident on 04.05.2021.</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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	07/05/2021