



## Office of the Chief Inspector

# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Group E - Community Residential Service Limerick
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	13 August 2019
Centre ID:	OSV-0003943
Fieldwork ID:	MON-0025013

## About the designated centre

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

The centre comprised two domestic style houses located in a suburban area close to large city. The service was available to adult men and 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:	6
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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
13 August 2019	09:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On arrival at the designated centre the inspector met and interacted with 6 residents. The residents were very independent and capable of giving their views. They informed the inspector that they were very happy in the centre and felt safe. They spoke very positively about the staff and the care they provided. One resident told the inspector that they were going to a concert of their favorite singer and that their key worker had supported them to organise this outing. Another resident had explained how they had an accident while on an outing alone and how responsive the staff team were once they learned of the accident and the support received from staff. One resident was ill while the inspector was there and a doctor and ambulance were called, staff members explained to all residents what was happening to reduce anxiety and residents were given the opportunity to speak with their friend prior to them leaving in the ambulance. There was great consideration given to the residents emotional needs at this time and a resident told the inspector that this was also the case when another resident in the house had died recently. The residents took great pride in their home and were encouraged by staff in this regard. The house was personalised with lots of photos of residents past and present and items of achievement such as prizes for artwork. All interactions between residents and staff were noted to be respectful and positive.

## Capacity and capability

Governance and management systems were in place in this centre, and there was clear lines of accountability and responsibility.

The centre had a clearly defined structure which included a suitably qualified and experienced person in charge. The person in charge was present on a day-to-day basis and had good oversight of the operational management of the centre. The person in charge was effective in their role as person in charge. In addition the provider completed unannounced visits and an annual review of the care and support provided to the residents, the inspector noted that these reports were comprehensive however some actions on the unannounced inspections had not been completed.

Staff spoken with on the day of inspection had a good knowledge of the residents and observed interactions with residents, showed that care and support was provided in-line with the residents' assessed needs and in a person centred manner. The inspector observed staff members providing emotional support to residents as another resident was been taken to hospital, this was done in a very respectful manner and support was provided to the residents in an individualised way.

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary. The provider has ensured that the person in charge was in receipt of supervision and this cascaded to the staff in the designated centre.

The inspector reviewed actual and planned rosters and these were in-line with the statement of purpose. The person in charge had ensured that there was appropriate numbers and skill mix of staff to meet the assessed needs of the residents.

The registered provider had ensured systems were in place for the receipt and management of complaints. Where complaints had been received, the provider had been responsive ensuring that the complaint was investigated and the outcome recorded.

#### Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had a planned and actual roster in place and this was in line with the statement of purpose.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge had a training matrix in place for the inspector to view. The inspector found that all staff had received mandatory training and that there was refresher training scheduled as necessary.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre which included the information specified in Schedule 3.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were in place. The provider had also undertaken unannounced inspections of the service on a six monthly basis and an annual review of the quality and safety of service. The providers unannounced visit and annual review resulted in action plans for service quality improvement. However some of these actions had not been completed.

Judgment: Substantially compliant

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

The registered provider ensured that each resident had in place an agreed and signed contract outlining the terms of residency.

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 office of the chief inspector of incidents that

occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured systems were in place for the receipt and management of complaints

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had not ensured a review of the policies and procedures referred to in Schedule 5 at intervals not exceeding three years.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector observed that the quality and safety of the service received by the resident was very good.

The inspector found that the assessments of the residents' health and social care needs were completed to a high standard and were effective in meeting the needs of the residents. There was a staff member identified to support each resident.

Overall the health and well-being of the residents was promoted in the centre. The inspector observed medical care and support been given to one resident on the day of the inspection and it was done so with the utmost care and respect for the resident. The resident required an ambulance and the inspector observed a comprehensive hospital passport, administration record chart and medication being taken for the resident. There was clear instruction given by staff to medical professionals regarding the care the resident required.

The residents who required communication support, were supported and assisted to communicate in accordance with their needs. All residents had access to television, newspapers and radio.

The provider had systems in place to ensure that residents were safeguarded

against potential abuse and staff were found to have a good knowledge of the procedures used to protect residents from abuse. There were safeguarding plans in place and these were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a very good medicines management system to support the residents' needs. There was evidence of review of residents' medical and medicines needs.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day services, community facilities and amenities. The residents had access to recreation facilities and opportunities to participate in activities in accordance with their interests, capacities and developmental needs. There were supports in place for residents to develop and maintain personal relationships in accordance with their wishes.

The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. There were photographs and prizes for art competitions on display. The inspector observed that the residents' home was warm and homely.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. Over the course of the inspection, staff engagement and interactions with the residents were observed to be positive and respectful in nature.

There was a risk management policy in place to address the risks present to the residents, visitors and staff. The policy advised that these risks were to be recorded on the organisational risk register, and this was evident. There were arrangements in place for the investigation of and learning from adverse events.

## Regulation 10: Communication

The residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

## Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of

the resident's disability and assessed needs and their wishes. The residents had access to facilities for recreation; opportunities to participate in activities in accordance with their interests, capacities and developmental needs and supports to develop and maintain personal relationships in accordance with their wishes.

Judgment: Compliant

### Regulation 17: Premises

The inspector observed that overall the residents' home was warm and homely. It was personalised with photographs of outings and family and friends. It was clean and there was adequate communal and recreational space for the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that the residents were provided with wholesome and nutritious meals which were consistent with each resident's individual preferences. The residents were very much involved in the cooking, food shopping and meal choice.

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. The inspector viewed risk assessments and the risk register. The provider ensured that there was a system in place in the centre for responding to emergencies. There were arrangements in place for the investigation of and learning from adverse events.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety records were reviewed. These indicated that staff were undertaking routine checks of escape routes and fire safety equipment. Routine servicing of fire

safety equipment, of fire detection and alarm systems and of emergency lighting was in place. Records of fire drills indicated that they were taking place regularly. One fire drill indicated a longer evacuation time frame, the provider had reviewed this and put measures in place to address the issue.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed that the person in charge had a good medicines management system in place. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment, of the health, personal and social care needs of each resident was carried out and plans put in place to support the residents' individual needs.

Judgment: Compliant

### Regulation 6: Health care

Overall the health and well-being of the residents was promoted in the centre. Where treatment was recommended by allied health professionals such treatment was facilitated.

Judgment: 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. There was a safeguarding plan in place and the inspector observed this being adhered to.

Judgment: Compliant

### Regulation 9: Residents' rights

The person in charge ensured that the rights of all the residents were respected including age, race, ethnicity, religion and cultural background.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0025013

Date of inspection: 13/08/2019

## 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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Actions in provider audit complete with the following exceptions: Additional staff training in dementia- completion date 30.09.2019 Policy on education and training- completion date 30.11.2019 Update flooring- completion date 30.03.2020.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Policy on education and training- completion date 30.11.2019	

## 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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/03/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2019