



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick I
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:	31 May 2021
Centre ID:	OSV-0005821
Fieldwork ID:	MON-0033149

## About the designated centre

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

Centre I provides full time residential services to 4 adult residents in a house situated on the outskirts of Limerick city. The service provides services to residents with a mild to low moderate intellectual disability.

The designated centre is a two-storey semi-detached house. The house can accommodate one resident with mobility challenges in one downstairs bedroom. The centre is staffed by a social care leader, social care workers and health care assistants.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 31 May 2021	10:00hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a very good quality of life and to have meaningful relationships in their local community. The inspector observed that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

On the day of inspection the inspector had the opportunity to meet with all four residents who resided in the centre. Conversations with residents took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with national guidance.

Residents are also supported to keep in contact with their family on a regular basis, and during the current health pandemic, this was primarily through video and telephone calls. The inspector reviewed feedback that had been submitted by families as part of the annual report consultation process. Overall families were very complimentary regarding the care and support each of their relative receives in this centre. Residents who have family contacts all had visits and communicated with each other through phone and video calls.

The residents were very pleasant and welcoming and gave the inspector a tour of their home which they were very proud of. The inspector was offered tea or coffee by one resident and the resident independently made tea for all the residents. The residents were laughing and joking with the inspector and wanted them to do a zoom dance class they had planned for later in the morning. It was evident from the decoration, personal items on display and the resident bedrooms that the residents were involved in the running and decoration of their home. The residents were noted to be very involved in running of their home, making lunch, tea etc.

The inspector spoke with all residents on the day and found them to be very comfortable and happy in the centre. They spoke fondly of staff and said that they were kind to them. They were active on zoom during the afternoon, engaging in different classes and chats with friends. Zoom classes included dance class and Coffee Mornings which all residents said they enjoyed. When the inspector spoke to one resident they told the inspector about the positive relationship they had with the person in charge and staff members. The resident said they were like friends and the person in charge was very good to them .

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19, restrictions, testing and vaccination processes and given the opportunity to consent.

The inspector observed that, overall, the residents' rights were being upheld in this centre. The provider supported a self-advocacy group within the organisation and

information about this group was on display in the house. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that consent forms, and decision-making assessments were included in residents' personal plans.

The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings and photographs etc. The residents said they felt safe and happy in their home.

In summary, the inspector found that each resident's well being and welfare was maintained to a very good standard and that there was a visible person-centred culture within the designated centre.

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

## Capacity and capability

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 team of staff known to the residents. 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, they were very aware of the medical needs of one resident who had a neurological disorder and a supporting falls risk assessment and mobility plan.

The person in charge had a training matrix for review and the inspector noted that there were some gaps in mandatory training. However, the person in charge committed to addressing the gaps in training in the immediate days after the inspection. There was also 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, manual handling, 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 2021 and 2020 and a review of the quality and safety of service was also carried out in Oct 2020. This audit included residents and family views and also reviewed staffing, quality and safety, safeguarding and a review of adverse events or incidents. Family views indicated satisfaction with the service and the care provided. In areas highlighted for improvements, it was noted that a person centred planning audit was required to be completed in 2020 using the revised audit tool. Also it was recommended that 'a review of each person's day service should be completed when restrictions are removed to ensure the day service provided is in accordance with each person's choice and preferences and given that it has supported some residents to not engage in self-injurious behaviours'. These audits resulted in action plans being developed for quality improvement and actions identified had been completed or are actively being addressed.

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. Previous complaints had been of a peer to peer nature with minor disputes arising among residents. 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 there were some gaps in mandatory training. However the person in charge committed to addressing these gaps in the coming days.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place.

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 a mental health review by the multi disciplinary team for one resident which resulted in a comprehensive mental health support plan. This outlined in clear detail how the resident presented when unwell and what supportive strategies the staff should employ. This was a very practical document and gave clear guidance to staff and was noted to be very effective and very person centred.

There was also evidence of a health care plan for a resident with a neurological disorder which was supported by a falls assessment and mobility plan to ensure the resident received appropriate care. Following this risk assessment, appropriate measures were put in place to support the resident to live a full and independent life. There was evidence of a comprehensive acute hospital communication booklet which outlined 'Things that you must know about me' and 'things that are really important to me' as well as a clear statement of diagnosis and an overview of medication.

The person in charge had outlined goals that had been decided upon with the resident. The goals were specific to the resident and achievable and progress was tracked however more evidence of progress and achievement was necessary. One residents goal was develop confidence around decision making but more evidence was necessary to determine if the resident was being supported to achieve this goal.

The person in charge had ensured that the residents were assisted and supported to communicate in accordance with their needs and abilities. However more visuals were required in line with recommendations to support the resident to identify when they were in pain or to be independent in carrying out their personal care. The residents had access to television and Internet and a tablet was available to facilitate the residents to video call their family members during the COVID - 19 restrictions. The residents relationships and contact with peers was through regular zoom classes and meetings. These included zoom dance classes and Coffee

Mornings.

The provider ensured that the residents received appropriate care and support in accordance with assessed needs and their wishes. The residents were active in their new community. They utilised local shops, local amenities such as parks, went for walks and drives. On the day of inspection the residents went for a drive and a walk. They were also observed on zoom classes and were discussing having had their hair done the previous week when the salon reopened.

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. The residents were supported to access their GP and other health care professionals. There was mobility care plans in place for residents, eating and swallowing plans, fluid monitoring and regular health checks. Staff with whom the inspector spoke were familiar and knowledgeable regarding all health care plans in place. There was evidence of dental and chiropody visits and occupational health visits.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The premises was maintained to a good standard and was appropriate to residents needs. The centre was warm, clean and comfortable. Each resident had their own bedroom and had decorated it to their taste, with personal belongings, artwork and photographs.

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 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 regularly and found that they indicated that the residents could be safely evacuated in 48 seconds. No issues were highlighted as part of the evacuation drill. Personal egress plans were in place for the 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. There was a safeguarding plan in place and was reviewed during the inspection. The inspector found that this was being adhered to by staff members. Staff were facilitated with training in the safeguarding of vulnerable persons. The inspector spoke with the person in charge

regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

The provider had ensured that the residents had the freedom to exercise choice and control in their daily life and consent was sought from the residents for example for the COVID - 19 and flu vaccine.

### Regulation 10: Communication

The provider had ensured that the residents were fully supported to communicate in accordance with their needs. However more visuals were required in line with recommendations.

Judgment: Substantially 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. However goals required to be more specific and person centred.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre.

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. Staff were facilitated with

training in the safeguarding of vulnerable persons.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensure that the residents rights were respected and that they exercised choice and control in their daily lives.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0033149

Date of inspection: 31/05/2021

## 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.

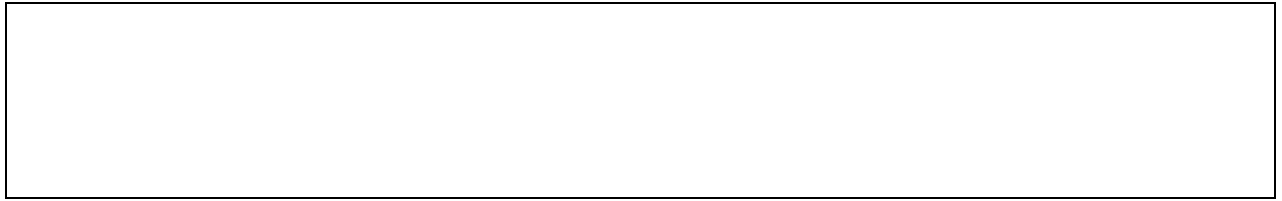
## Section 1

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has ensured that staff training has been completed and further training has been booked.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The PIC has ensured improvements to communication passport including social stories have been implemented in conjunction with SALT.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC has ensured that all PCP goals have been reviewed to ensure they are meaningful and specific to each resident and that progress is clearly tracked.</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 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	30/07/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is	Substantially Compliant	Yellow	30/07/2021

	developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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