

## Office of the Chief Inspector

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

Name of designated centre:	Group B - 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:	24 April 2019
Centre ID:	OSV-0003940
Fieldwork ID:	MON-0022994

## 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 to ten adult residents on a full time basis plus two respite adult places. The service provides a homely environment for the adults in service, 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 Daughters of Charity offer 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 following information outlines some additional data on this centre.**

Current registration end date:	09/04/2021
Number of residents on the date of inspection:	11

## How we inspect

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
24 April 2019	08:30hrs to 16:00hrs	Lucia Power	Lead
24 April 2019	08:30hrs to 16:00hrs	Stevan Orme	Support

## Views of people who use the service

The inspectors met with five of the residents in total. On the morning of inspection the inspectors met with two residents and one resident welcomed us to their home. The resident was very engaging and the inspectors observed the supportive relationship they had with the staff members. The residents verbal communication was difficult to understand but the staff had a good understanding of what was being said, and assisted. The inspectors observed a person centred approach to the residents needs. The resident was able to tell the inspectors that they liked their home and that they were happy with the support from staff.

In the afternoon the inspectors met with three other residents and they welcomed the inspectors to their home. The inspectors had tea with the residents and they spoke about living together and the different activities that they do. They told the inspectors that they know each other a long time and they enjoy the company of each other. One resident said they had a wonderful life, the other residents also said they too had a wonderful life. The residents spoke about living together and how they all feel safe in their home. They told the inspectors if they were upset or worried they would talk to staff and that staff were very understanding. One resident spoke about their role as an advocate for the residents and explained that they ask all the residents if they have issues or suggestions. This resident told the inspectors that they bring all of this information to an advocacy meeting with the provider and likes representing all the residents. The inspectors observed the interactions with residents and staff and it was noted to be supportive, consultative and person centred. The residents showed the inspectors around their home and took great pride in telling the inspectors about their life and living in the centre.

## Capacity and capability

The registered provider had ensured a good governance structure was in place with clear lines of accountability and responsibility. There was a good quality of care evidenced which was in line with the assessed needs of the residents.

The provider had a suitably qualified person in charge and this person had a good knowledge of each of the residents needs and demonstrated good oversight of the centre. The person in charge had responsibility for a number of centres and ensured she had a presence in the centre on a weekly basis and was seen to have positive engagement with the residents. Staffing arrangements were in line with the residents assessed needs and the inspectors observed that staff interactions with the residents were supportive and engaging. Staff spoken with had a very good

understanding of each of the residents needs, and were knowledgeable on all aspects of the personal, health and general development for residents. There were arrangements in place for staff supervisions and the inspectors noted the most recent supervisions. The provider ensured that staff had up to-date training and arrangements were in place for refresher training. The provider ensured that there were a number of staff meetings per year, the inspector reviewed the notes from these meetings which demonstrated that the provider was proactive in updating staff in relation to centre specific information as well as supporting staff to raise any items for discussion.

The inspectors noted that some of the policies required updating and had not been reviewed in the three year period. The person in charge also identified awareness that these policies required updating and advised the inspectors that they were reviewing nationally.

The provider had carried out an annual review and an unannounced audit. These audits outlined areas for self-improvement and the provider had ensured there was an action plan in place that was time bound, with responsibility to implement actions assigned to identified persons.

#### Regulation 14: Persons in charge

The registered provider had in place a person in charge that was full-time and had the necessary skills and experience to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and that staff were appropriately supervised.

Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The registered provider ensured the centre was effectively resourced to ensure the effective delivery of care and support. The registered provider had a written report on the safety and quality of care and support provided in the centre and a plan in place to address any actions.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge gave notice to the chief inspector within 3 days of any adverse incidents in the centre. The person in charge also gave notice to the chief inspector incidents at the end of each quarter in line with the regulation.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The registered provider had in place an effective complaints procedure for residents, which included an appeals process.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The registered provider had policies in place as set out in schedule 5. However a number of policies was subject to review as the review period exceeded three years.
Judgment: Substantially compliant
<b>Quality and safety</b>

The provider had good governance and accountability in place to ensure the quality and safety of the residents. The support for residents was a good model of social care ensuring residents participated in the community and were consulted in relation to how they want to be supported.

The personal care plans had a section called "my life my wishes" and this was comprehensive. The plan included photographic evidence of goals that had been achieved and it also clearly documented future goals. The inspectors noted that there were regular reviews of the goals and there was time lines with identified staff to provide support.

Health care plans were comprehensive and were regularly updated and reviewed. Where applicable, residents availed of the national health screening. The inspectors noted the plans complemented each other and promoted an inclusive approach to all the residents care, welfare and support needs. The staff that inspectors met with on the day of inspection were knowable on the personal health and social care needs of all the residents.

Residents were protected from harm as the provider had arrangements in place for the reporting of safeguarding concerns.

The provider ensured the centre was decorated to suit the individual preferences of residents; the centre was warm and homely. However there was a filing cabinet at the top of the stairs which was restrictive as a resident used a stair lift and space was limited. The provider committed to resolving this issue as a priority. There was also evidence of wear and tear of the carpet on the stairs which needed repair.

The provider had robust risk management arrangements in place and these were comprehensive for each resident. However there was no review evident of how risk was mitigated with additional controls and the provider had this section on the form but there was no evidence this area was been completed or reviewed.

### Regulation 13: General welfare and development

The registered provider ensured that each resident has access to facilities for occupation and recreation. Residents had opportunities to participate in activities in accordance with their interests and capacities.

Judgment: Compliant



Regulation 17: Premises
The registered provider did not have adequate storage as there was a cabinet at the top of the stairs which restricted access. There was also wear and tear evident on the stairs.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The registered provider had good management arrangements in place for the identification and management of risk. Improvements were required in relation to positive impact of controls as this was not reviewed or documented.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The registered provider had effective fire management systems in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge ensured that a comprehensive assessment was in place for each resident and the plan was subject to ongoing review taking into account changes in circumstances and new developments.
Judgment: Compliant
Regulation 6: Health care
The registered provider ensured there was a comprehensive health care plan in place for each resident and where applicable access to the national screening process.

Judgment: Compliant
Regulation 7: Positive behavioural support
The person in charge ensured staff had up to date knowledge and skills appropriate to their role, to respond to behaviours that is challenging and to support residents manage their behaviour.
Judgment: Compliant
Regulation 8: Protection
The registered provider ensured each resident was protected from all forms of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider ensured that the designated centre was operated in a manner that respect the age, gender,sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic 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>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0022994

Date of inspection: 24/04/2019

## 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 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 Communication update complete 30.04.2019 Policy re Finances will be updated by 30.09.2019 Policy on Risk Management will be updated by 30.06.2019 Safeguarding Policy- currently under review, updated by 30.09.2019 Policy on education and training will be updated by 30.09.2019	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Filing cabinet removed on 25.04.2019 Quote requested for replacement carpet, to be completed by 31.07.2019	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk rating has been reviewed by Provider Representative and Quality and Risk Officer. Risk rating is based on HSE Integrated Risk Management Policy Part 2: Guidance for Managers (2017). Completed 30.05.2019.	

## 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 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	31/07/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/05/2019
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	30/09/2019