



Office of the Chief Inspector

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

Name of designated centre:	Community Residential Service Limerick Group D
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	09 April 2019
Centre ID:	OSV-0003942
Fieldwork ID:	MON-0022555

About the designated centre

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

The centre provides a community residential service to service users with a mild to moderate intellectual disability. The service aim is through a person centred approach to improve the service users quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.

The centre comprises of three community residential houses which are based in Limerick. In order to support service users based on their need and preferences, the houses are managed and supported by social care staff and health care assistants who in turn are supported by their social care leader, person in charge and the nurse management team located nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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
09 April 2019	08:00hrs to 16:30hrs	Lisa Redmond	Lead
09 April 2019	08:00hrs to 16:30hrs	Cora McCarthy	Support

Views of people who use the service

On the day of inspection, inspectors had the opportunity to meet and interact with nine of the residents currently residing in the designated centre. Residents were welcoming and informed the inspectors of their plans for the day ahead. Residents spoke about their interests such as baking, bowling, gardening and knitting. It was evident that residents were provided with opportunities to take part in these activities on a regular basis.

All residents spoken with informed inspectors that they felt safe and happy where they live. Residents were aware that they could speak to staff if they had a problem or if they would like to make a complaint. They also noted that staff would try their best to help them. Inspectors observed interactions between residents and staff and noted them to be respectful and sociable in nature. Residents were also aware of the procedures relating to fire.

Residents were provided with the opportunity to complete a questionnaire about the quality of care and support they receive in the designated centre. All residents who completed a questionnaire stated that they liked where they lived and that they were very happy with the staff who worked there. Residents felt that they had choice and control over their daily life and that they were supported to access a range of activities including yoga, swimming, reflexology and going out for coffee.

Capacity and capability

Inspectors reviewed the capacity and capability of the designated centre and found that overall, effective governance systems were in place. The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision. A comprehensive annual review of the quality and safety of care and supports within the designated centre had been completed. This review was completed in consultation with residents' views and the views of their representatives. It also identified areas of good practice and areas which required improvement. The registered provider had also ensured that an unannounced visit to the designated centre was completed every six months.

The registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff spoken with informed the inspectors that staffing levels were flexible to facilitate outings and activities at the request of residents. Residents spoken with were happy with the

care and support they received from staff in the designated centre.

The registered provider had not ensured that staff had access to training in managing behaviour that is challenging. Staff spoken with informed inspectors that there had been a recent change within the organisation regarding the mandatory training required for the management of behaviours that challenge. Therefore, staff members were currently transitioning to the new training. It was acknowledged that training had been scheduled for staff members who had yet to complete the updated training. In the interim, a workshop had been held to update staff members on the new training. It was evident that staff members were actively working to transition to the new mandatory training.

The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years. A number of organisational policies required updating.

The registered provider had ensured the provision of an effective complaints procedure for residents which is in an accessible format. However, a slight inconsistency was noted within the easy read procedure and the organisational policy in relation to the number of days a complaint will be resolved at stage one of the complaints process. This was acknowledged by staff members on the day of inspection who committed to rectifying the issue. A complaints log was maintained within the designated centre. It was evident that residents had been supported by staff to make a complaint if they wished. It was also evident that complaints had been dealt with in line with organisational policy.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number 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 registered provider had not ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers within the designated centre on the day of inspection.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured that effective arrangements were in place in the event that the person in charge was absent.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure for residents which was in an accessible format.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated 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.

However the registered provider had not ensured that effective fire management systems were in place within the designated centre.

The most recent external fire safety risk assessment report dated 25th August 2014 had highlighted a number of identified areas for improvement including the installation of fire doors and the requirement for fire resistant construction. The designated centre did not have fire doors in place to adequately protect escape routes in the event of a fire. The existing doors did not provide an effective seal to prevent the spread of fire or smoke.

The registered provider had not ensured that all staff members had access to mandatory fire safety training. Residents had taken part in regular fire evacuation

drills and were aware of the fire evacuation procedure, however inspectors were not satisfied that the current fire containment measures were sufficient to ensure the safety of residents within the centre. Due to the serious fire safety risks identified, an urgent action was issued to the provider on the day of inspection.

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 the resident and a progress tracking system in place for achieving goals.

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

The residents who had communication assessments, 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. Staff were facilitated with training in the safeguarding of vulnerable persons.

The centre had a comprehensive medicines management system to support the residents' needs. Residents were facilitated to access a pharmacist and GP of their choice. Staff that administered medicines to residents were trained in safe administration and there was evidence of medicine audits.

The residents were supported to spend their day in a manner that was meaningful and purposeful for them. This included availing of day service, community facilities and amenities. The residents had access to occupation and 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.

Residents said they were happy spending time in the centre. The residents had their own bedrooms, access to shared spaces and adequate room for family or friends to visit at each resident's request. The inspector observed that the residents' home was warm and homely. However improvement was required to a downstairs shower room. This shower room contained a door leading externally from the building. The shower room also contained cracked tiles and evidence of dampness. The person in charge had acquired a quote for the works and was committed to submitting a time bound plan for completion of this work as part of the compliance plan.

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 person centred and positive 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. Examples of these would be

missing persons, injury to a resident, behaviours that may challenge and choking risks. There were arrangements in place for the investigation of and learning from adverse events.

There were systems in place and supports available to manage behaviour that challenges in the centre and behaviour support plans were comprehensive and were reviewed regularly. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

Regulation 10: Communication

The residents who had communication assessments, were supported and assisted to communicate in accordance with their needs. Residents had comprehensive communication booklets in place. All residents had access to television, newspapers and radio.

Judgment: Compliant

Regulation 11: Visits

The provider facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to, and retained control of, personal property and possessions. All residents received support with personal finances.

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 occupation and 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 resident's home was warm and homely and displayed personal items of the residents throughout. However improvement was required to a downstairs shower room in the designated centre. The person in charge showed the inspectors a quote for works to be completed to the shower room and committed to providing a time bound plan as part of compliance plan.

Judgment: Substantially 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.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents guide outlining the services provided and the terms and conditions relating to residency.

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 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
The registered provider had not ensured that effective fire management systems were in place within the designated centre.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The provider ensured that the residents had access to a pharmacist and GP of their choice. 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. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. End of life care plans were in place for all residents, which considered their physical, emotional, social and spiritual needs and wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where behaviour that challenges was identified this was supported by a comprehensive plan of care to ensure that consistency of care was provided to the resident. The inspector noted that every effort was made to identify and alleviate the cause of resident's behaviour that challenges.

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 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	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 Community Residential Service Limerick Group D OSV-0003942

Inspection ID: MON-0022555

Date of inspection: 09/04/2019

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 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>All staff have attended fire training and refresher training: complete 27.05.2019. New training in Managing Challenging Behaviours being delivered to all staff, will be complete by 25.10.2019. In the interim, workshop held at centre level to update staff in the centre and information session held with staff, facilitated by Trainer in Managing Challenging Behaviours.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Policy on Communication update complete 30.04.2019 Safeguarding Policy- update complete 11.06.2019</p> <p>Policy on Risk Management will be updated by 30.07.2019 Policy re Finances will be updated by 30.09.2019 Policy on education and training will be updated by 30.09.2019</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Plan in place for bathroom upgrade, funding identified. Works expected to be complete by 30.09.2019</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</p> <p>Fire safety report has been completed by Director of Logistics/ Fire Safety Engineer and the recommendations as per Fire Safety in Community Dwelling Houses Code of Practice for Fire Safety in new and existing Community Dwelling Houses (2017) are in place with the exception of Fire Resistance and Containment Measures.</p> <p>L1 fire alarm system is in place. Fire drills are carried out monthly by staff, plus two unannounced fire drills per year at night. All residents evacuate within 2.5 minutes. Portable firefighting equipment is available in each house, staff have received training. Firefighting and detection equipment is checked.</p> <p>Risk assessments and personal emergency evacuation plans are in place for all residents.</p> <p>There has been extensive engagement between Provider and HSE to secure funding to complete the outstanding works. The issue has been escalated by the Service CEO to Head of Operations/Disability Operations HSE through Head of Social Care and Chief Officer HSE. HSE has engaged directly with HIQA regarding this and the outcome of these discussions is awaited in order to submit a time bound costed plan.</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 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	25/10/2019
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.	Not Compliant	Yellow	30/09/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	17/04/2019

Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements	Not Compliant	Orange	27/05/2019

	for the evacuation of residents.			
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