



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group C
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:	16 November 2020
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0030946

## About the designated centre

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

This designated centre is comprised of two houses in relatively close proximity to each other in a pleasant mature residential area within walking distance for some residents of a range of amenities, public transport routes and the provider's main campus. Each house is located on its own private site with gardens enjoyed by residents; one house is a bungalow while the other is a dormer style house. A total of eight residents live in the centre; five in one house and three in the other.

Residents present with a diverse range of needs; the service delivered reflects this. For example one house is a busy house with residents leaving early each morning to attend a range of day services or paid employment. Residents with increasing needs perhaps in relation to increasing age or deteriorating health enjoy a slower pace of life in the other house.

The model of care is social with each house staffed by a team of social care staff led by the person in charge. Management and nursing support is available each day from the team of CNM's (Clinical Nurse Managers) based on the main campus.

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

Number of residents on the date of inspection:	8
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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 16 November 2020	09:30hrs to 16:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On arrival to the centre the inspector met one of the residents living there, the resident was having their breakfast and invited the inspector to sit and talk with them. The resident was very capable of making their views and opinions known verbally to the inspector. The resident informed the inspector that they were very happy in their home but that they found the COVID 19 restrictions difficult particularly as they had been going out independently for years and then had to be supervised on outings. They explained that recently they were able to go out again in the last number of weeks and they were delighted with this. They said that they were a Eucharistic minister in the church and they missed going to mass and the social aspect that this entailed. This resident was the advocate for the house and was very informed about current events in society through watching the news etc.

The inspector met the other residents during the course of the morning. Two residents went out for the morning to the shop and on return were chatting about the outing which they appeared to enjoy. One resident showed the inspector their bedroom and art and needle work they had done which they were very proud of. They informed the inspector that they had entered work in competitions and had won prizes.

The fourth resident lived in an adjoining annexe and invited the inspector to see their new home and have a cup of coffee and chat. The resident was very excited and proud of their home and said they felt happy and safe there. They had just made cookies with support from a staff member and had really enjoyed this activity.

All residents verbalised that they were happy in the centre and enjoyed the company and support received from staff. The centre was warm, homely and there was a very pleasant atmosphere in the centre. The residents spoke very positively about staff and said they were very kind to them. The residents home was decorated to the residents personal tastes with lots of photographs and personal items on view.

## Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to residents was to a 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 residents assessed needs and the day-to-day management of the centre. The person in charge demonstrated the relevant experience in management and was effective in the role, however they had limited protected time for administrative duties. 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 residents and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core staff team. The person in charge demonstrated the relevant experience in management and was effective in the role. The staff members with whom the inspector spoke were very knowledgeable around the residents' assessed needs and their abilities. For example one resident had completed a medication self assessment, a risk assessment was also completed and the resident self administered their medication. The staff member outlined the supports the resident required including requesting that the pharmacy blister pack the residents medication to maximise the residents independence.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted that some mandatory training had been cancelled due to COVID-19, however, the person in charge had ensured that staff members had access to appropriate online trainings until face to face training could recommence. Discussions with staff demonstrated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, positive behaviour management, fire safety and infection control.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service and a review of the quality and safety of service was carried out in November 2020. This audit included residents' views and also reviewed staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. These audits resulted in action plans being developed for quality improvement and actions identified had either been completed or were in the process of being completed. However some areas that were identified in the audit process had not been progressed. For example one action was to upgrade the kitchen and another was to insulate the residents sun room which was particularly cold. These required to be progressed in line with the providers own audit process time line.

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.

There were no open complaints at the time of inspection, complaints tended to be resolved at a local level. Previous complaint details indicated that they were resolved to the residents satisfaction. The registered provider had arrangements in place

which ensured that both residents and their representatives were aware of their right to complain about the care and support provided.

#### Regulation 14: Persons in charge

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

Judgment: Compliant

#### Regulation 15: Staffing

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

Judgment: Compliant

#### Regulation 16: Training and staff development

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

Judgment: Compliant

#### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. The provider had also undertaken unannounced inspections of the service on a six monthly basis and a Annual Review of the quality and safety of service was carried out in November 2020. However some areas identified on the audit document had not been progressed.

Judgment: Substantially 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 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. For example when residents were returning from outings there was sign in and vehicle sanitising processes in place.

The provider had ensured that there was a comprehensive needs assessment in place for residents. The assessment of needs included a review of the residents' behaviour support needs and a self medication assessment. There was a behaviour functional analysis completed for one resident which gave a very clear overview of the function of residents' behavior. This meant that there was clear guidance for staff on how to support the resident and as a result behaviours that challenge were minimal. The staff were able to tell the inspector of the supports and strategies put in place for residents and how they were implementing such supports. One resident had recently moved into their new apartment attached to the



main house and this was a huge factor in reducing behaviours of concern. The resident was very content in their new home and it was evident that the staff had been both trained and were knowledgeable regarding the residents need for space and privacy.

As part of the assessment of need the person in charge had requested that all residents had a self medication assessment which meant that following a risk assessment and training, some residents were able to self administer medication. This resulted in increased independence and improved health and well-being for some residents.

While the residents general welfare and development was supported in the centre the provider had not ensured that each resident had the right to exercise choice and control in his or her daily life. Residents who had previously gone out independently were restricted in recent months or were supervised on outings. This had an impact on the residents rights and independence. One resident with whom the inspector spoke had previously been very active in the community and the church and this resident was upset at missing out on the social aspect of being out and about. However this had been recognised by the provider and practices were reviewed and a risk assessment completed which meant residents could engage in their previous practices again.

Overall the health and well-being of the residents was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them. For example staff members with whom the inspector spoke were clearly able to outline one residents' needs in terms of mobility and falls. A detailed falls assessment tool had been used to determine the residents needs as they had several falls recently. The resident was currently undergoing dialysis treatment for kidney failure and the falls assessment indicated to their renal consultant that their dialysis treatment needed to be increased from two to three days per week. This had a huge impact on the residents health and well being and the resident had no falls since their dialysis treatment plan was amended.

Residents were supported to achieve their personal goals although these had been subject to changes due to the effects of COVID-19 public health restrictions. While goals were set they did require to be more specific and to have progress tracked to evaluate their effectiveness.

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. Other visuals in place included visual information on how to make a complaint or report alleged abuse.

The provider had ensured that the premises were clean and warm and personalised throughout with the residents' belongings. There were beautiful photographs of residents around the house and all residents' bedrooms were decorated to their specific tastes. However actions outlined in the annual review stated that the kitchen required upgrade and also the sun room needed to be insulated. On observation the inspector noted that these areas needed to be addressed.

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. 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 sanitiser while all staff were trained in infection prevention and control.

On a previous inspection the provider had failed to progress and adhere to its fire improvement plan and the completion time frame as agreed with HIQA. The provider acknowledged this in its reviews and also acknowledged the consequent negative impact on residents and on the safety and quality of the service provided to them at that time. On this inspection the inspector found that the person in charge had ensured that all fire equipment was maintained and that there was fire doors, emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills and found that they indicated that all residents could be safely evacuated in under one minute.

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

### Regulation 10: Communication

Appropriate user friendly information with visuals was provided to the residents to support their understanding of COVID-19 and the restrictions in place. All residents had access to television, newspapers and radio.

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, assessed needs and their wishes.

Judgment: Compliant

Regulation 17: Premises
The provider had ensured that the premises were designed and laid out to meet the needs of the residents. However some areas for upgrade as outlined in the annual review had not been completed.
Judgment: Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents
The person in charge had ensured that the residents received support during recent transition between houses.
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 ensured that effective fire management systems were in place in the

designated centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment, of the health, personal and social care needs of each resident was carried out.

Judgment: Compliant

### Regulation 6: Health care

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

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary.

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 not ensured that each resident had the right to exercise choice and control in his or her daily life. However this had been recognised by the provider and practices reviewed.

Judgment: Substantially 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 23: Governance and management	Substantially 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	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Community Residential Service Limerick Group C OSV-0003941

Inspection ID: MON-0030946

Date of inspection: 16/11/2020

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider will ensure that the kitchen upgrade and sunroom insulation will be completed in the accordance with government restrictions in place. Completion date 30.06.2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure that the kitchen upgrade and sunroom insulation will be completed in the accordance with government restrictions in place. Completion date 30.06.2021.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The registered provider has ensured that the PIC has reviewed all risk assessments to ensure that resident's rights are not unnecessarily negatively impacted by Covid 19. The registered provider will ensure training is provided to staff on promoting human rights</p>	



while living with Covid 19, with support from MDT and Director of Quality and Risk.  
Completion date 30.03.2021

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/06/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the	Substantially Compliant	Yellow	30/03/2021

	freedom to exercise choice and control in his or her daily life.			
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