



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Services Limerick Group F
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:	14 December 2020
Centre ID:	OSV-0003953
Fieldwork ID:	MON-0030873

## About the designated centre

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

This designated centre consists of one domestic type house in close proximity to the provider's main campus where services such as the day service, training centre, administration and nursing services are based. Full-time residential services are provided to a maximum of five residents. The service supports residents with higher needs in the context of their disability; the provider aims to support each resident in a person centred manner so that they enjoy a good quality of life based in their local community. Residents attend day services Monday to Friday or enjoy a quieter pace of life as tailored to their individual needs; each house is staffed when residents are present. The staff team is comprised of care staff and social care staff managed by the social care leader; the person in charge is the manager with regulatory responsibility.

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

Number of residents on the date of inspection:	5
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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 14 December 2020	09:00hrs to 17:00hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On the day of the inspection, five residents were residing in the designated centre, three of which were in the main building, a fourth resident chose to remain at home with family during the COVID-19 restrictions. The remaining resident was living in a self contained annex in the designated centre at the time of the inspection. On arrival to the designated centre, the residents were being supported by staff members to get ready for the day ahead. The inspector had an opportunity to meet and observe the residents in their home. The residents appeared content in the presence of staff members. Interactions between staff members and the residents were noted to be respectful in nature.

The resident that lived in the annexe did not have much contact with the residents in the main house; there was limited communication with this resident. The annexe was very small, cold and sparsely furnished. The resident required a quite space and as such the noise level in the annexe was low, in line with the resident's assessed needs. The resident's bedroom and the kitchenette were not suitable for the resident's needs. For example the kitchenette was just a countertop with a mini fridge and kettle, it was not adequate for the resident needs. The kitchen in the main centre was not wheelchair accessible so one resident could not access the kitchen area. Overall the premises was dated and required upgrading.

The inspector had the opportunity to speak with four of the residents who lived in the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff office during the inspection. However, the inspector did meet the residents in the communal areas of the designated centre and went into the attached annex where one resident spent most of their time. The three residents present in the main building were able to express some views to the inspector, verbally and through use of gestures, facial expressions, and smiling. Overall the residents presented a positive view of the service and the staff members, and appeared to interact very positively with staff and each other. However one resident with whom the inspector spoke stated that they wanted to move to another residence due to issues relating to another service user. The resident articulated that they were happy in their home but that these issues upset them.

Staff had a clear understanding of residents' needs and were noted to adhere to residents' plans in terms of likes and dislikes. The residents had recently been involved in a 'Rose of Tralee' contest which the staff had supported the residents with. The residents had shopped for dresses and had hair and makeup done. There were beautiful photographs of the event and the residents spoke of how much they had enjoyed it. Residents did some baking during the morning and were observed supporting staff to get lunch, they also went out for a walk. There was a relaxed atmosphere in the designated centre throughout the course of the inspection. It was evident that residents were well supported with personal care as they were very well presented. Overall there was a very positive attitude in the

residents' home.

## 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 and was safe. The findings on the day of this inspection found that the centre was not suitable for some residents environmental needs in that the kitchen was not accessible for one resident who mobilised in wheelchair. Also an annexe where another resident resided was not suitable to their needs. 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 10 hours per week protected time for administrative duties which did not allow them the time to adequately follow up on appointments and ensure consistent approaches to plans. 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 staff rota which indicated continuity of care from a core staff team. The staff members whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their abilities.

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 the COVID-19 pandemic, however, the person in charge had ensured that staff members were scheduled to access 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, fire safety and infection control. Training in managing challenging behaviours was scheduled the day after the inspection.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced inspections of the service and an annual review of the quality and safety of service was carried out in 2020. This annual review included residents' views and also reviewed staffing, restrictive practices, quality and safety, safeguarding and an analysis of incidents. Such audits resulted in action plans being developed for quality improvement and some actions identified 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 review the

annex area for one resident. This required to be progressed in line with the providers own audit process time line. The provider had not ensured the service was appropriate to residents need and safely and effectively monitored. An urgent compliance plan was issued on the day of inspection regarding Regulation 5 (2). Given the issuing of an urgent compliance plan on the day of inspection, the delay in the assessments for one resident and actions regarding the premises, governance and management systems required review in this designated centre.

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 while staff had received training there were some gaps in training, however training was scheduled on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. A range of audits were carried out. However the provider did not ensure the service was appropriate to residents need and effectively monitored.

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



there were areas for improvement. 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 staff were coming into the centre they had to adhere to COVID-19 protocols such as temperature checks, a COVID-19 questionnaire and wear appropriate personal protective equipment (PPE).

The provider had not ensured that a assessment by the appropriate health care professional was carried out for one resident. The assessment of needs included review of the residents' behaviour support needs however the behaviour support plan was not supported with a communication and sensory assessment as recommended. There was a behaviour functional analysis completed for one resident which gave a overview of the function of the resident's behavior. This meant that there was clear guidance for staff on how to support the resident when the resident exhibited behaviours that challenge. However as recommended by the psychiatrist some of the behaviours exhibited related to both sensory and communication deficits and required a comprehensive assessment of need to ensure the effectiveness of the strategies. These referrals were stated by the psychiatrist in 2019 to be urgent but had still not been actioned. On the day of inspection the inspector issued an urgent action which required the provider to respond with an appropriate action in three days. The provider submitted a satisfactory response to HIQA within the agreed time period.

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 a resident's support plan for renal care and what supports the resident required while another resident had recently had bloods for oversight and monitoring of the residents health. An exercise programme was recommended for one resident five days per week, this required to be followed more consistently as per the guidance. The resident had access to a GP and other health care professionals.

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. For example where residents had aspired to go to particular events such as a music concert this had to be postponed due to COVID 19.

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 how to make a complaint or report alleged abuse. A visual rota and menu and were required as per recommendations to aid the residents' understanding.

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 residents' disability, assessed needs and their wishes. There was evidence of

access to facilities for occupation and recreation prior to COVID-19. Prior to the COVID-19 restrictions the residents were noted to have been active in their community and were regulars in the local cafes and restaurants. The residents were baking brownies and icing their Christmas cake on the day of inspection and one resident was video calling their friend. The residents had recently been involved in a 'Rose of Tralee' contest with the other houses in the service and were able to engage with their friends through this.

The provider had not ensured that the premises were laid out to meet the needs of the residents. Nor had they ensured that the building was in a good state of repair. The kitchen was not accessible for one resident who mobilised in a wheelchair and the kitchen was also dated. The bathroom required updating and the office was too small to act as both office and sleepover room, there was no room for the medication fridge which was currently in the residents' main sitting room. The annex attached for one resident was very small and cramped and quite cold. This resident's kitchenette was small and inaccessible and the second sleepover room was very small also. The person in charge explained that there were discussions around developing or extending the annex, these plans were still at the discussion stage. However the centre was clean and personalised throughout with the resident's belongings. The residents' bedrooms were decorated to their individual tastes and there were family photographs throughout the centre.

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 risk control measures were proportional to the risk. In this sense 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 PPE in the centre and hand sanitiser 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 quarterly and found that they indicated that all residents could be safely evacuated in under one minute. There was a garden shed which housed two washing machines and a tumble dryer which did not have fire safety systems in place, however the person in charge addressed this immediately. There were evacuation issues highlighted on the fire drill record but these had also been addressed.

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.

The provider had ensured that the residents exercised choice and control in their daily lives. There were regular house meetings where residents discussed advocacy issues and decided on outings and meals for the week.

### 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.

Judgment: Compliant

### Regulation 17: Premises

The provider had not ensured that the premises were laid out to meet the needs of the residents. Nor had they ensured that the building was in a good state of repair.

Judgment: Not 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 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 provider had not ensured that a assessment by the appropriate health care professional was carried out for one resident.

Judgment: Not 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. However an exercise programme was recommended for one resident five days per week, this required to be followed more consistently as per the guidance.

Judgment: Substantially 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. However it was stated clearly by a clinician that communication and sensory assessments were necessary to augment the behaviour support plan.

Judgment: Substantially 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

## 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 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Community Residential Services Limerick Group F OSV-0003953

Inspection ID: MON-0030873

Date of inspection: 14/12/2020

## 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 ensured that outstanding MDT assessments have been commenced. Date: 30.01.2021</p> <p>The registered provider has ensured that kitchen upgrade will be completed and will be accessible to resident who is wheelchair user.  Completion date: 30.06.2021</p> <p>Plans are in development for an extension be constructed to a different aspect of the house and will provide bedroom, living/dining space and private shower/WC for one resident. All residents will be consulted about this plan to determine their views and wishes and seek their consent for development to proceed. The consultation process will be complete: 28.02.2021.</p> <p>The registered provider has arranged for a competent person to identify soundproofing options to reduce noise between the living room in the main part of the house and the resident living in the annex as a supportive measure until new living area is constructed. Completion date: 28.02.2021</p>	
Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
 An initial site inspection was conducted in Jan 2020 by Director of Property Estates and Technical Services and plans to extend the existing annex were proposed.  
 A further site inspection, with Quantity Surveyor, was carried out on 16 Dec 2020 to review possible options available to provide the most appropriate accommodation for one resident. The outcome was a recommendation that an extension be constructed to a different aspect of the house and will provide bedroom, living/dining space and private shower/WC. It will have separate entrance to the main house. The estimated costs for this development is €120,000, costed plans will provide certainty regarding costs. This work will require planning permission and funding. A business plan will be submitted to the HSE to seek approval of funding by 31 March 2021. Planning permission will require minimum 8 week notice period.

All residents will be consulted about this plan to determine their views and wishes and seek their consent for development to proceed.

The consultation process will be complete: 28.02.2021.

Director of Property Estates and Technical Services will carry out a review to identify soundproofing options which could reduce noise between the living room in the main part of the house and the resident living in the annex.

Completion date: 28.02.2021

Kitchen upgrade plans, to ensure it is accessible to a resident who is a wheelchair user will be explored when public health restrictions permit. Kitchen upgrade will include provision for the medication fridge.

Completion date: 30.06.2021

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. Outstanding referral to Occupational Therapy  
 The registered provider has arranged for Occupational Therapist to commence the assessment with keyworker and PIC through interviews and questionnaires and review of existing support plans and assessments already completed. This will commence at MDT review meeting held 17 Dec 2020. This process to determine recommendations regarding sensory needs will be complete by 30.01.2021.
2. Outstanding referral to Speech and Language Therapy (SALT)  
 The registered provider has arranged for Speech and Language Therapist to commence the assessment in conjunction with keyworker and PIC, reviewing information regarding the residents' communication skills, current communication supports, review of behaviour support plan, recommendations from medical and other MDT professionals. This will



determine SALT recommendations to facilitate successful communicative interactions between resident and their staff and peers. This process will commence at MDT review meeting held 17 Dec 2020 and will be complete by 30.01.2021.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:  
The PIC has ensured that exercise programme for one resident is documented.

Complete:

30.1.2021

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The registered provider ensured that outstanding MDT assessments have been commenced.

Date: 30.01.2021

## 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health	Not Compliant	Orange	30/01/2021

	care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	30/01/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/01/2021