



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

Name of designated centre:	Group G - Community Residential Service Limerick
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:	22 January 2019
Centre ID:	OSV-0004963
Fieldwork ID:	MON-0023391

About the designated centre

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

The centre is located within a small town, in a mature residential setting in Co. Limerick. The centre is located close to public transport services, shops, recreational services and employment opportunities for the residents. The centre provides a community residential service to five female residents with a mild to moderate intellectual disability. The aim is through a person centred approach to improve the residents' 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 was originally two cottages which have been adapted into a single dwelling. There are two upstairs bedrooms, one used by staff currently as an office space. There is an open plan kitchen, dining and sitting room area on the ground floor. There are also four single bedrooms, a bathroom and a shower room. An additional small kitchen area with sitting room is located at the opposite end of the centre on the ground floor. There is also a garden area to the rear of the property. The intention of the centre is to provide residential and day supports for the independent and/ or older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The intention is to provide minimal staffing supports to support their age related needs and wishes. The house is managed and supported by a designated social care staff and the person in charge. Other supports are available to the residents from a centre which is staffed 24 hours a day, who in turn are supported by the management team based nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

To prepare for this inspection the inspector or 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
22 January 2019	09:50hrs to 16:15hrs	Elaine McKeown	Lead
22 January 2019	09:50hrs to 16:15hrs	Lisa Redmond	Support

Views of people who use the service

Inspectors had the opportunity to meet with all five residents on the day of inspection. Inspectors were warmly greeted and welcomed into the home by one of the residents. Residents proudly showed inspectors around their home, including their bedrooms which reflected their personal interests. Residents spoke with inspectors about their interests including attending music concerts, going shopping and taking part in art classes. Residents also spoke with inspectors about holidays they had taken and upcoming holidays which had been chosen by the residents in line with their wishes. Residents were supported to partake in activities of their choosing in an individualised manner.

Each resident was able to verbally articulate their views and wishes to the inspectors. All individuals expressed a very high level of satisfaction with the staff and the supports provided.

Residents were aware of the procedure for raising concerns and with whom they could speak to if they had an issue. The residents were also aware of the fire procedure and had taken part in fire drills within the centre.

Residents are supported by a designated staff member up to 30 hours per week. Residents are also supported by staff members in a neighbouring designated centre, who regularly check in and are available to the residents as required.

During the course of the inspection, inspectors observed positive interactions between residents and staff, with care being provided in a dignified and respectful manner.

Capacity and capability

The provider's governance and management arrangements ensured that residents were supported to develop and maintain independence and receive a good quality service which complimented their assessed needs. However, the provider's arrangements had not ensured that all actions identified in the centre's previous two inspections, in 2015 and 2016, were fully addressed regarding renovation works and the installation of fire doors.

The registered provider's application in 2016 for a mobility grant to enable the conversion of a downstairs area into a ground floor bedroom was rejected. The registered provider planned to incorporate the required renovation works with the installation of fire doors. Through documentation reviewed by inspectors during the inspection, dated 2 March 2018, the board of directors had agreed that all works should be completed as soon as possible, tentatively by the end of July 2018. This has not occurred. Furthermore, the provider had previously given assurances to the authority that fire doors would be installed by the end of July 2017 following an inspection by HIQA on 17 September 2015.

The inspectors were shown documentary evidence that the person participating in management had consistently brought the issue of the renovations required for this centre to the attention of the registered provider. There is also documentary evidence that this person, in conjunction with the person in charge has made the registered provider aware of the future needs along with the estimated costs required to support the residents in the designated centre.

On the day of inspection, inspectors met with staff, including the person in charge and a social care worker, both of whom were very knowledgeable about the residents' needs and supports. They spoke confidently about their roles and responsibilities and the management systems in place to ensure safe and appropriate care was being provided to the residents.

The registered provider ensured that an effective complaints procedure was in place for all residents which was in an accessible format. The complaints procedure included an appeals process and was displayed in a prominent area in the designated centre. Residents were aware of the procedure for raising concerns and with whom they could speak to if they had an issue. There was evidence that residents had been supported to exercise their right to make a complaint and have such issues addressed in a timely and respectful manner.

Regulation 14: Persons in charge

A full time person in charge was appointed to this centre and had the necessary qualifications, skills and experience necessary to manage the centre

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training including refresher training. All staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all of the required information relating to the residents who lived in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear governance and management structure in place. However, the registered provider had not fully addressed actions from the previous two inspection reports of 2015 and 2016 regarding renovation works and the installation of fire doors.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had ensured notifications had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that an effective complaints procedure was in place which included an appeals process. The complaints procedure was in an accessible format and was displayed in a prominent area in the designated centre.

Judgment: Compliant

Quality and safety

During the course of the inspection, the inspectors found that residents were happy and supported to both maintain and develop their level of independence in-line with their assessed needs. Residents were supported to avail of local amenities, be part of local groups and to access employment opportunities. Residents were regularly supported to develop and maintain personal relationships with friends and family.

During the inspection, inspectors identified that the registered provider failed to ensure that effective fire safety managements systems were in place within the designated centre. Actions identified during a previous inspection in September 2015 pertaining to fire safety had not been implemented. Due to the serious fire safety risks identified, an urgent action was issued to the provider on the day of inspection.

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 most recent external fire safety risk assessment report dated 26th August 2014 had highlighted a number of identified areas for improvement including the installation of fire doors and the upgrading of the fire alarm system. The current fire alarm system is not monitored externally, therefore the current fire evacuation procedure requires the residents' to evacuate independently and contact staff themselves once safely evacuated. The staff member then raises the alarm to the emergency services. 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 evacuation procedure was sufficient to ensure the safety of residents within the centre.

The most recent fire risk assessment conducted on 2nd January 2019, stated that alarm call points were provided outside resident bedrooms which is inaccurate. No call points were present on the day of inspection outside any of the residents' bedrooms. The risk assessment highlighted that the works would be completed by March 2019 however, in another copy of the same risk assessment, the works completed date had been changed to May 2019.

Inspectors observed evidence that the issues pertaining to the fire containment works had been regularly highlighted and reviewed as part of the centres review

meetings. Inspectors reviewed the notes of the 'Annual Centre Review' meeting which took place in November 2018. The report noted that the fire containment measures required were prioritised based on the registration status of other centres within the organisation.

The provider responded with written assurances to the urgent action within 24 hours of the inspection. The provider stated that the fire evacuation risk assessment has been updated to reflect that fire alarm sounders are placed outside the residents' bedrooms and not call points. The provider stated that the fire alarm will be linked to an external monitoring system however; they have placed a sleepover staff within the centre on an interim basis to ensure the safety of residents.

A risk management policy had been developed which provided guidance on the identification, assessment, management and review of risk. A comprehensive risk register was developed and maintained by the person in charge. This incorporated current control measures which had been implemented to reduce the occurrence of risk. The registered provider ensured that systems were in place in the designated centre for the assessment and ongoing review of risk, including a system for responding to emergencies.

The premises were clean, warm and tastefully decorated to meet the residents' wishes. As already highlighted in this report, the conversion of a downstairs area to allow a resident in an upstairs bedroom to move to the ground floor and modification of the bathroom to support the aging profile of the residents had not been completed despite being actioned in a previous inspection by the authority.

Regulation 10: Communication

Residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors in accordance with their wishes. Residents also independently visited friends and acquaintances in the locality and in other counties and countries.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider ensured that each resident had access, and were supported to manage their financial affairs. Each resident was provided with a key to the centre and their own bedroom. The provider ensured that all residents were supported to manage their own laundry in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which they enjoyed and reflected their assessed needs, capabilities and interests. The provider ensured that the support provided was in-line with residents' personal plans and promoted their independence both at the centre and in the local community.

Judgment: Compliant

Regulation 17: Premises

The premises were clean, warm and tastefully decorated to meet the residents' wishes.

However, an action arising from the previous inspection involving the conversion of a downstairs area to allow a resident in an upstairs bedroom to move to the ground floor had not been completed.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Actions in relation to the assessment of fire evacuation risk are reflected under

Regulation 28.
Judgment: Compliant
Regulation 27: Protection against infection
The provider's policies and practices within the centre ensured that residents were protected from the risk of infection.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider did not ensure that effective fire safety measures were in place to protect residents from the risk of fire.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The provider had safe medication management systems in place and there was an up-to-date policy to guide staff. Residents were supported to independently manage their own medication needs with staff assistance being provided to ensure that medication was taken as prescribed.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Personal plans were comprehensive and reflected residents' assessed needs and staff knowledge. Residents participated in their annual personal plan review meetings. Personal goals were agreed and progressed which reflected the residents' personal interests and actions were in place to support the residents achieve their goals.
Judgment: Compliant

Regulation 6: Health care

The provider had systems in place to ensure residents' healthcare needs were assessed and that residents were supported by staff to meet their healthcare needs, including availing of the national health screening programme as appropriate and in line with residents' wishes.

Judgment: Compliant

Regulation 8: Protection

At the time of inspection there were no safeguarding concerns at this centre. Staff had received up-to-date safeguarding training. The provider had procedures in place to guide staff and ensure residents were safe from harm.

Judgment: Compliant

Regulation 9: Residents' rights

- The provider ensured the rights of the residents were protected and promoted. Residents were aware of their personal rights and information was available on how to make a complaint and access advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Group G - Community Residential Service Limerick OSV-0004963

Inspection ID: MON-0023391

Date of inspection: 22/01/2019

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider has secured an agreement on funding for these works from the HSE on 23.01.2018. The works required which include installation of fire doors and renovating a bedroom upstairs to ground floor, are currently being tendered and are due for completion on 05.04.19.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider has secured an agreement on funding for these works from the HSE on 23.01.2018. The works required which include installation of fire doors and renovating a bedroom upstairs to, are currently being tendered and are due for completion on 05.04.19.</p>	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider has secured an agreement on funding for these works from the HSE on 23.01.2018. The works required which include installation of fire doors and renovating a bedroom upstairs to, are currently being tendered and are due for completion on 05.04.19.

All mandatory fire drills are checked and completed as per regulations. Residents in this group are evacuating promptly on completion of fire drills and evacuations. A deep sleep fire evacuation occurred for all 5 residents on 18.12.18 and all five residents evacuated from sleep in 1 minute 21 seconds.

The present L1 Alarm system is now linked to a monitoring system and an interim measure of staffing at night time was put in place until an independent assessment of the reduction of risk has been verified. This assessment has been completed and the staffing has been removed. The assessment report is due by 22.02.19.

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		05/04/2019
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.	Not Compliant		05/04/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management	Not Compliant	Orange	05/04/2019

	systems are in place.			
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	05/04/2019
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	22/02/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2019
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/01/2019
Regulation 28(3)(c)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Orange	31/01/2019