



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

Name of designated centre:	Community Residential Service Limerick Group J
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	14 November 2018
Centre ID:	OSV-0005754
Fieldwork ID:	MON-0025073

About the designated centre

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

The designated centre provides a residential community service and is home to four adult females with a moderate or severe level of intellectual disability. The centre is a detached dormer bungalow on its own site, located in a rural setting on the outskirts of Limerick City. The building comprises of a ground floor sitting room, kitchen / dining room, bathroom / shower room and toilet. Four single resident bedrooms are on the ground floor. The first floor accommodates a staff office and laundry area, a staff sleepover bedroom and a shower / toilet room. Externally there is a large well-maintained garden with a decking and patio area. Day services and day facilities are provided to three residents off site. One resident avails of a retirement programme within the designated centre and the local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
14 November 2018	07:30hrs to 16:00hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met with all four residents during the inspection. Two residents could communicate verbally and two could not. One resident offered to show the inspector around the designated centre and demonstrated familiarity with the new centre. Residents who could communicate told the inspector that they liked their new home and enjoyed having their own bedroom. At the start of the inspection, three residents were already dressed, having breakfast and preparing to attend their day service. All residents appeared happy, well groomed and unhurried. Staff interaction was observed to be gentle and respectful. Residents appeared very much at ease with all staff members present. One resident stated that she had nominated the dinner for that day. The fourth resident who was taking part in a retirement programme was allowed additional time in bed in light of a recent medical diagnosis. This resident received one to one staff attention and support once the other residents had departed to the day services.

Capacity and capability

The provider had only recently taken possession of the designated centre which received registration on 19th September 2018. There was evidence that effective management arrangements and governance were in place, ensuring quality of care and support to meet the individual assessed needs of the residents. There was evidence that the residents were well cared for in a well resourced and safe environment.

There was evidence of a clearly defined management structure in place. The person in charge was employed on a full-time basis within the designated centre. The person participating in management was employed in a clinical nurse manager capacity with over twenty years experience and visited the designated centre at least once a week. The designated centre also had nursing and clerical support which was located off site.

There was evidence of a comprehensive schedule of management, staff, resident and advocacy meetings undertaken in the designated centre. Minutes of all meetings were available to the inspector. The most recent meetings had focused on residents plans and transition arrangements to facilitate the move to the new centre. Resident meetings were conducted on a monthly basis. The person participating in management had already commenced a number of audits. The inspector reviewed a hygiene audit that had been undertaken the previous week, which recorded high levels of compliance with the providers set standards.

The statement of purpose for the designated centre clearly defined the services and facilities available to the residents. The statement of purpose was subject to regular review. The staffing complement on duty on the day of inspection and the staffing levels on future rosters was at a higher level than indicated in the centres statement

of purpose. This increase in staff had been introduced to provide additional staff at night time reflective of residents increased assessed needs and the designated centres rural location. The designated centres certificate of registration was clearly displayed in the hallway.

Two staff were employed at night time, one waking and one sleeping over. The centre was also supported out of hours through an on call system. There was evidence that any concerns raised by staff, either through meetings or the out of hours on call system, had resulted in an immediate response and actions taken.

All staff were in receipt of mandatory training for fire and safety, managing behaviours that challenge and safeguarding. Some staff who required updated training had not availed of a refresher course. Five staff members needed to update their training in managing behaviour that challenges, while one staff member required updated training in the area of fire and safety. Staff had undergone intimate care training and all residents had an intimate care plan in place.

There was significant staff input and records of general and specific healthcare needs of residents, all of which were well documented. Some of the local policies made reference to the previous designated centre that the residents had moved from. A number of schedule 5 policies as prescribed by the Health Act 2007 were not available to the inspector. The provider had in place large folders of organisational policies, many of which were out of date but subject to review at the time of inspection.

There was a clear procedure in place to assist residents and members of the public to make a complaint. An easy-to-read format was displayed, both in the dining room area and the designated centre hallway. The service manager was named with contact details as the person to direct a complaint to. The centre had a new triple copy complaints book. No complaint had been made since moving to the new centre. The process explained where to direct an appeal if unhappy with the initial findings of a complaint. Details for the confidential recipient were also provided adjacent to the complaints procedure.

Notification of restrictive practices in place within the designated centre had been notified to the Chief Inspector.

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. The planned and actual roster of staff was at a greater number than stated in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff were in receipt of mandatory training. However, a number of staff required training updates in the area of fire and safety and managing behaviour that challenges.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had a register of residents for the designated centre in place.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was resourced in accordance with its statement of purpose to deliver safe and effective care and support to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had agreed the terms and conditions of residency in writing, with each resident and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a written statement of purpose that was available to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted to the Chief Inspector all notifications as prescribed within the defined time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaint procedure in place that was easy for residents to access and understand.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had in place policies and procedure, however not all schedule 5 policies were in place or updated.

Judgment: Substantially compliant

Quality and safety

The premises was warm, clean, comfortable and well-decorated throughout. The centre and its gardens were well-maintained. The overall environment was welcoming, homely and promoted accessibility. Residents appeared very well cared for, happy and interacting with their locally community and families.

Residents were happy to talk about their general welfare. One resident indicated that they liked to go shopping, liked to go for coffee, getting her hair done and attending slimming world. Another resident indicated that she was retired but had an activity programme in place that she attended to daily. This resident showed the inspector goldfish she had recently purchased, talked about the recent Halloween party that was held in the centre and pointed to photographs of her visit to a fairy garden. This resident was observed by the inspector to take part in her retirement activities program with the one to one support of staff.

There were some picture cards available within the centre to assist residents

communicate. Some notices were in easy-to-read format. Residents had access to a main television, a land line and a mobile phone. The provider had a television for each residents bedroom that were awaiting installation. Internet access was not yet available.

All food was prepared on site by staff. The food was observed to be wholesome and nutritious and residents could partake in food preparation if they wished. Residents went shopping for provisions with staff once a week. Each resident could nominate the dish of the day and there was a good choice to cater for varying tastes and preferences. Staff members engaged in food preparation had undertaken food safety training.

Each resident had a comprehensive individual assessment and care plan in place. There was evidence of the resident, their family members and staff input to agreed goals and outcomes. Residents were achieving personal and social goals as recorded. All residents were pursuing activities of personal interest - attending concerts, places of interest, holidays, hotels breaks and hairdressers. Restrictive practices were documented in the residents care plan, demonstrating the risk assessment in place, consent from the resident and / or their family and its review. Residents subject to restrictive practices had clear guidelines and strategies documented. The annual care plan reviews conducted with residents in 2018 were made available to the inspector.

Risk management was provided through the use of a risk register and the implementation of individual risk assessments for each resident. There was evident of positive risk taking where residents accessed the local community and also maintained personal relationships with friends and family members through home visits. The risk management process was supported by a comprehensive health and safety information folder specific to the new centre. The most recent risk assessment of October 2018 had measures and actions in place to control specified risks.

There were good management systems in place to manage residents' finances. These systems were subject to regular review by the person in charge and the staff team. Receipts were provided for all purchases. Each resident had an individual bank account in their own name. Previous overpayment by residents for services had been refunded and lodged by the provider into each residents' bank account. This transaction had been communicated to residents and their families by letter. There was adequate storage within the centre for residents' personal items and possessions. Each resident had a contract in place clearly documenting the charges and contributions deducted. The contract was signed by the resident or their family member.

Healthcare plans for each resident were of a good standard. Access and attendance with general practitioners, allied health professionals and multi-disciplinary team members were well recorded. Each resident had a hospital passport. Family concerns were well documented and followed up on. Where a resident had declined a treatment this was clearly recorded by general practitioners and based on a residents consent and capacity. There were medical histories in place. Current

information was taken from the plans; however, it was difficult to retrieve some of the information which had been recorded in a number of different sections of the residents' folder. Residents current health challenges and plans needed to be readily available to all staff and easily understood to avoid the risk of non-compliance or follow up.

Fire precautions were taken seriously by the provider, ensuring the safety of residents. Staff training was up-to-date with the exception of one staff member who required refresher training. Fire systems were checked and documented by staff. All equipment was subject to certification by a recognised contractor and in date. Records of fire drills undertaken demonstrated that all residents could be evacuated in the event of a fire at periods of maximum and minimum staffing levels. The provider was actively working with staff to reduce drill evacuation times. Each resident had a personal emergency evacuation plan in place and instructions on how to respond to a fire alarm or evacuation were on display.

The provider had an assessment in place in relation to self-medication, however no resident was self medicating at the time of inspection. There was appropriate storage in place for medications which were dispensed in blister packs for each resident. These blister packs were stored in a locked cupboard in the staff office. All record systems relating to medication were accurate with the exception of one entry the previous day to the inspection where medication had been given as prescribed by staff but not signed for.

There was a comprehensive residents' guide in place which outlined a summary of services and the terms and conditions to residents. Residents were involved in the running of the centre through daily activities and monthly meetings. Residents enjoyed members of their family or friends coming to visit. While there were nice garden and decking areas available to residents and visitors, there were no areas within the centre where residents could receive visitors privately.

The designated centre had an up-to-date and comprehensive policy on the prevention of infection. Hygiene audits by the provider had recorded 97% compliance. Staff practice on the day of inspection was observed to be of a high standard. Staff members were diligent in their hand washing. All areas of the centre were maintained to a high standard of cleanliness. Appliances used by residents were observed to be clean. Breathing masks and tubing used by residents were clean and individually stored in air tight containers that were labelled.

Regulation 10: Communication

The registered provider ensured that each resident was supported and assisted to communicate in accordance with their needs. Staff utilised the communication supports specified in residents' care plans.

Judgment: Compliant

Regulation 11: Visits

Residents were free to receive visitors within the designated centre, however, there were no private spaces available within the house for residents to meet visitors in private.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident was supported to manage their personal finances. Each resident had adequate storage space within their bedrooms to accommodate personal possessions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that residents had the required care and support in place to meet their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was designed and laid out to meet the needs of four adult residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had adequate food and drink, based on individual preferences, which was prepared in a safe manner.

Judgment: Compliant

Regulation 20: Information for residents

The provider ensured that each resident had a copy of the residents' guide which outlined terms and conditions of residency, visiting arrangements, how to make a complaint and the arrangements for residents to be involved in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had in place a risk management policy for the designated centre which was current, specific and subject to ongoing review and included procedures on how to respond to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of infection by adopting standards and utilising practices for the prevention and control of infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there were adequate fire and safety management systems in place within the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The designated centre had appropriate and suitable practices in place relating to the storage, ordering, prescribing, administration and disposal of medications, however, the records needed to be completed at the time that medication was administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that the residents had a comprehensive assessment of health, personal and social care which reflected changes in their needs and circumstances.

Judgment: Compliant

Regulation 6: Health care

The registered provider had in place appropriate healthcare for each resident, however it was difficult to retrieve exact and current information relating to residents current conditions.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents subject to restrictive practices had a comprehensive behavioural support plan in place and staff had the knowledge and skills to respond appropriately to behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

The registered provider had the necessary systems in place to protect residents from abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Residential Service Limerick Group J OSV-0005754

Inspection ID: MON-0025073

Date of inspection: 14/11/2018

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff outstanding in their training with respect to all mandatory training are scheduled to attend at the next available training date Fire Safety: Will be completed by 31.01.19 Managing behaviour that challenges: Will be completed by 31.03.19	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All Schedule 5 Policies that are not updated are currently being reviewed by their Lead owners and the service have committed to the completion of their review by 31.12.2018	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: The PIC has held a meeting with residents and discussed the provision of having privacy for visitors. It was agreed that if when visitors visit residents a private space will be afforded to residents in either the dining area or sitting room of the house. All residents, staff and their relatives were in agreement with this arrangement. Completion Date: 06.12.2018	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All staff have been met by the PIC and CNM2 to ensure appropriate recording of medications occurs at the time it is administered. The CNM2 to this centre will audit the	

Medication administration sheet regularly to ensure compliance with Service Policy and best practice on medication administration remains in place.
Completion Date: 30.11.18.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC and staff in the centre will archive older health care information to ensure that information pertinent to resident's conditions is current and easily accessible in the residents care plan.
Completion Date: 15.01.2019

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	06/12/2018
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	31/03/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is	Substantially Compliant	Yellow	30/11/2018

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2018
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	31/12/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/01/2019