



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 A
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	17 September 2019
Centre ID:	OSV-0003939
Fieldwork ID:	MON-0022554

About the designated centre

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

Group A Community Residential Service provides full time residential services to thirteen service users, and part time residential services to two service users. These services are provided in three community houses in Limerick. The designated centre provides services to individuals with mild and moderate levels of intellectual disability. The aim of the designated centre is to improve the quality of life of residents through a person centred approach, ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The three community houses are two-storey semi-detached houses, with front and back gardens. Each house is staffed by social care leaders and social care workers. There is one staff on duty in each house when residents are present. Staff members work sleepover duty in each house at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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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
17 September 2019	10:30hrs to 19:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to speak with 12 of the residents who live in the designated centre. Residents were welcoming of the inspector, one resident played the drums and another resident sang a song for the inspector.

It was evident from speaking with residents, that they participated in a wide variety of activities. These included dance lessons, music concerts, going to the cinema and shopping. One resident showed the inspector a number of medals they had received for participating in charity walks. They also spoke about an upcoming mini-marathon that they were taking part in. Another resident spoke about their role as a volunteer in a local charity shop.

Residents spoke about their recent holidays to Lanzarote and the activities they had participated in while on holiday. The residents told the inspector that they had enjoyed the holiday. Residents also spoke about their holiday in France in 2018. One resident spoke about using a sea wheelchair while in France, supporting them to enter the sea for the first time. Residents were actively planning and discussing the location of their next holiday.

A number of residents showed the inspector their bedrooms. One resident spoke about the adaptations that had been made in their bedroom, to ensure that they could independently access their belongings. A number of residents shared their bedroom with another resident. Residents spoken with told the inspector that they liked sharing their bedroom. Residents' bedrooms were warm, clean and suitably decorated. Residents spoke about going to the furniture shop to choose the furniture for their bedrooms. It was evident that residents' bedrooms had been decorated in line with their likes and assessed needs.

Residents told the inspector that they were happy with the staff working in the designated centre, and the supports they provided. Interactions between staff and residents were noted to be respectful in nature and it was evident that residents were comfortable in the presence of staff. Residents were aware that they could speak directly with staff members if they had an issue. A number of residents noted that they had made complaints in the past, and that they had felt like they were listened to by staff members.

One resident spoke with the inspector about a fire drill that they had participated in before the inspection. The resident told the inspector that they had evacuated the designated centre in their wheelchair, through the steps at the front door. The resident spoke about being nervous when evacuating, and that they were concerned about the safety of staff members in supporting them to do so. This was discussed with the person in charge on the day of the inspection. This will be further discussed in the inspection report under quality and safety.

Residents and their representatives were provided with the opportunity to complete a questionnaire about the quality of care and support they receive in the designated centre. The inspector received seven questionnaires which indicated that overall residents were very happy with the quality of supports provided in the designated centre. The findings of the questionnaires were discussed with the person in charge on the day of the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the designated centre and found that overall, effective governance and management structures were in place in the designated centre. There was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision. The designated centre had appointed a person in charge. The person in charge had an excellent knowledge of the individual needs of residents living in the designated centre. Throughout the inspection, it was evident that this individual used a person centred approach, ensuring that residents were supported in line with their wishes. The person in charge identified that they felt supported within their role however; they found the allocation of time to complete their duties as person in charge as a challenge. They identified that this had been escalated through the supervision process and was currently under review with the registered provider. This individual held the necessary skills, qualifications and experience to fulfil the role.

The staffing compliment in the designated centre included social care leaders and social care workers, with access to nursing staff available to residents as required. It was evident that the number and skill mix of staff members was appropriate to meet the assessed needs of residents. The inspector viewed the designated centre's training matrix and identified that staff had received mandatory training in fire safety and protection of vulnerable adults. However, one newly appointed staff member had not received training in behaviour that is challenging. Although the training was scheduled to take place following the inspection, this staff member had not been provided with appropriate training in a timely manner.

The inspector reviewed the application to renew the registration of the designated centre. The registered provider had not ensured that full and satisfactory information in regard to the matters set out in Schedule 3, in respect of the person in charge or any other person who participates in the management of the designated centre, was submitted in a timely manner. The registered provider had prepared in writing a statement of purpose, however it did not contain all of the information set out in Schedule 1.

A comprehensive annual review of the quality and safety of care and supports within the designated centre had been completed. This review was completed in consultation with residents' views and the views of their representatives. It also

identified areas of good practice and areas which required improvement. The registered provider had also ensured that an unannounced visit to the designated centre was completed every six months. Throughout these reviews, the registered provider had identified that a number of residents shared a bedroom. It was noted that the registered provider planned to discontinue the practice of shared bedrooms as vacancies arose.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had not ensured that full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or any other person who participates in the management of the designated centre, was submitted in a timely manner.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a person in charge. This person held the necessary skills, qualifications and experience to fulfil the role.

Judgment: Compliant

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 and the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

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

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose, however it did not contain all of the information set out in Schedule 1.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed the quality and safety of supports provided in the designated centre and found that service provision was focused on residents' needs and wishes. However, the registered provider had not ensured that effective fire safety management systems were in place within the designated centre.

The designated centre did not have fire doors in place to adequately protect escape routes in the event of a fire. It was observed that a number of internal doors in the designated centre were left open, with one door being wedged open by a chair. These doors did not have automatic closures in place. The existing doors did not provide an effective seal to prevent the spread of fire or smoke. The person in charge informed the inspector that funding had been secured to install fire doors

however, there was no evidence of a time bound plan of works to be completed. Staff spoken with did not know if the designated centre had fire resistant construction, to ensure the containment of smoke and fire. The inspector was not satisfied that the current fire containment measures were sufficient to ensure the safety of residents within the centre. Three fire exits did not have emergency lighting or signage in place to indicate that they were an emergency exit.

One resident in the designated centre was a wheelchair user, who was assessed as requiring staff assistance to evacuate in the event of a fire. There was only one suitable entrance and exit for the resident, which was accessed through the kitchen at the back of the house. The resident's bedroom was located beside the front door however; this was accessed by a number of steps. The resident spoke with the inspector about a recent fire drill that was carried out in the designated centre. The resident was evacuated in their wheelchair via the steps at the front door, with the assistance of two staff members. The resident told the inspector that they felt that this was not a safe practice for staff, and that they had been nervous and afraid of carrying out the evacuation. Staff members assisting the evacuation noted that the resident's wheelchair pedals got stuck in the steps. This was highlighted to management by the person in charge. The resident also had a risk assessment in place to support them to be in the designated centre for periods of time without staff supervision. This risk assessment did not identify the outbreak of fire as a potential risk. Due to the serious fire safety risks identified, an urgent action was issued to the provider on the day of inspection.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. There was also evidence of multidisciplinary input and review, in line with each resident's assessed needs. It was evident that residents had access to appropriate healthcare. Residents had access to a general practitioner of their choice. The inspector observed evidence that residents were provided with information in an accessible format about the flu vaccine. This information supported residents to make an informed decision about their health.

It was evident that residents were supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes. Residents spoke with the inspector about the variety of activities that they engaged in within the wider community. Residents were supported to access opportunities for employment, training and education. There was evidence of positive risk taking, ensuring that residents were supported to live their lives without any undue restriction.

The inspector reviewed a behaviour support plan for one resident. The plan included information to guide staff to support the resident, such as identified triggers and recommendations to support the resident manage their behaviour. The inspector viewed a variety of social stories which were developed by an allied health professional. The inspector spoke with the resident and it was evident that the recommendations of the plan were in place to support the resident.

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 28: Fire precautions

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

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had 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.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that each resident, in accordance with their wishes, had the freedom to exercise choice and control in their daily life.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Residential Service Limerick Group A OSV-0003939

Inspection ID: MON-0022554

Date of inspection: 17/09/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: Required information submitted to regulator on 18.10.2019 Complete: 18.10.2019	
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 training booked for 4 & 5 Dec 2019. This staff member has subsequently left the service. Complete: 30.10.2019	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose updated and submitted to regulator. Complete: 30.09.2019	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire safety report was completed by a competent person by 7.10.2019. This included inspection of the attic space between two of the houses which are semi-detached to confirm that the requisite 60 minute fire separation is achieved at the top of the separating wall.	

Completion date: 07.10.2019

Recommendations as per Code of practice for fire safety in new & existing community dwelling houses 2017 are in place with the exception of fire resistance and containment measures. Following extensive engagement, the HSE have committed the funding to complete the outstanding fire containment works and a funded time bound plan has been set out by the HSE. The service has committed to completing these works by 31.12.2020.

L1 fire alarm system is in place. Fire drills are carried out monthly by staff, and also two unannounced fire drills per year (one day, one night). All residents evacuate within 2 minutes. Portable firefighting equipment is available in each house. All staff have received instruction on induction on fire safety, detection & evacuation, and separately in-service fire safety training & refresher training. Portable firefighting equipment is available in each house. Firefighting, fire detection systems and evacuation routes are checked. Fire drills are reviewed. Periodic electrical installation inspections on each house and PAT testing has been completed. Weekly health & safety walk around checks are completed.

All internal doors have been inspected to identify any which may be ill-fitting or have gaps. Remedial works have been completed to ensure they close fully & are free from gaps.

Completion date: 30-09-19.

Additional emergency lighting has been installed above fire exits that did not have these in place.

Completion date: 04-10-19.

Individual fire risk assessments and personal emergency evacuation plans (PEEP) have been reviewed for all residents. Where it is identified that a resident requires assistance to evacuate successfully, the specific supports have been outlined & put in place.

A need for an alternative evacuation route is identified for one resident in one house whose mobility needs have changed. Their individual risk assessment & PEEP has been reviewed and updated to support evacuation. A need for access/ egress ramp to front fire exit to provide a second evacuation route has been identified & a plan put in place. Local authority housing adaptation grant application has been approved, the balance of funding has been identified. Works are expected to be completed by 31-12-19.

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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	18/10/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	05/12/2019

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	31/12/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	20/09/2019