



Office of the Chief Inspector

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

Name of designated centre:	Group H - Community Residential Service Limerick
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005295
Fieldwork ID:	MON-0023847

About the designated centre

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

Group H-Community residential service provides both full-time and respite care to up to nine residents at any one time . The designated centre provides community residential services to residents with a moderate to severe level of intellectual disability. The centre comprises of two houses based in Limerick. Both houses are two storey in design and contain four resident bedrooms, with one bedroom in both houses being shared for a proportion of the week by both a full-time and respite resident. Residents in both houses have access to a well maintained and accessible front and rear garden for recreational purposes . Residents are supported in the centre; when not attending their day services, by a team of health care assistants and social care staff in the evenings, weekends and holiday periods. Where residents require nursing care due to their assessed needs, it is provided by nurses based in a neighbouring designated centre.

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

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
10 July 2019	10:30hrs to 19:00hrs	Lisa Redmond	Lead
10 July 2019	10:30hrs to 19:00hrs	Caitriona Twomey	Support

What residents told us and what inspectors observed

Inspectors had the opportunity to meet and interact with four of the residents currently residing in the designated centre. A number of residents were on holidays on the day of inspection and therefore were unable to meet the inspectors. The residents who were present spoke with inspectors about their upcoming holiday and their participation in activities such as horse-riding and gardening. One resident spoke about a concert that they attended recently with a family member. Two of the residents told the inspectors that they only go out on the weekends.

Residents informed inspectors that they could talk to staff if they were unhappy. They also spoke about their participation in fire drills, and how they would evacuate the designated centre in the event of a fire. The residents told inspectors that they were happy with the food provided at the centre and enjoyed baking activities with staff support.

Capacity and capability

Inspectors reviewed the capacity and capability of the designated centre and found that a number of improvements were required. 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. 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. The findings of the annual review identified that the designated centre would require extra staffing to meet the increasing needs of residents in both houses.

Inspectors viewed an actual and planned roster, and discussed the staffing arrangements in place with staff members for the designated centre. It was identified that the staffing levels in place on the day of inspection were not in line with the designated centre's statement of purpose. The statement of purpose identified that the centre had one staff in each house at all times, with a third staff on duty on weekday evenings and at the weekend as required. However, the third staff member was not on the rota on numerous dates observed by the inspectors during the week or at weekends. Staff spoken with told inspector that the current staffing levels had affected residents' ability to access the community and attend activities. Inspectors further reviewed a record of residents' social activities and found that residents were participating in a low level of social activities outside of

the designated centre.

Inspectors reviewed the training matrix for the staff working in the designated centre. It was noted that a number of staff members had not received mandatory training in fire safety, managing behaviour that is challenging and the safeguarding of vulnerable adults. As the staff identified were lone workers, inspectors found that the provider had not ensured compliance with their own organisational policy which required all staff to have completed all mandatory training prior to commencing lone working activities.

The registered provider had ensured that on admission, an agreement in writing regarding the terms on which the resident shall reside in the designated centre was in place. The inspectors viewed a number of contracts for residents who received residential and respite services in the designated centre. However, the agreements did not include details of the fees to be charged. All residents who received respite services and two residents who received residential services in the designated centre shared a bedroom. However, this was not outlined within the contract for these residents.

There were two shared bedrooms in the designated centre. Inspectors spoke with staff members who identified that one resident did not want to share their bedroom however; an agreement was made that it would be shared one night per week. There was no documented evidence that this had been managed through the complaints process. The person in charge spoke with inspectors and told them that they did not record local level complaints made by residents, which was not in line with the organisation's complaints policy. Inspectors reviewed the organisation's complaints procedure for the designated centre and the easy-to-read complaints procedure for residents. Inconsistencies were noted in the time frames and complaint stages provided in both documents. Inspectors also found that the although a complaint made by a resident regarding one of their peers had been recorded, the outcome of said complaint had not been recorded.

Regulation 15: Staffing

The registered provider had not ensured that the number of staff was appropriate to meet the number and assessed needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The registered provider had not ensured that staff had accessed appropriate training, including refresher training, as part of a continuous professional

development programme.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Given the number of non-compliant findings identified during the inspection and their significance, inspectors were not confident that the provider could ensure the effective governance, operational management and administration of the designated centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that on admission, an agreement in writing regarding the terms on which the resident shall reside in the designated centre was in place. However, the agreement did not include details of the services to be provided to residents or the fees to be charged.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured that effective arrangements were in place in the event that the person in charge was absent.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had not ensured the maintenance of a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Judgment: Not compliant

Quality and safety

Inspectors reviewed the quality and safety of care and supports provided in the designated centre and found that a number of improvements were required.

The registered provider had not ensured that the premises of the designated centre was maintained to a good standard. Inspectors completed a walk around of both houses in the designated centre and observed that the premises were not kept in a good state of repair. A number of rooms, including residents' bedrooms required painting. Some of the residents' bedrooms also required repairs to plaster work due to indentations in the walls. A plug and a light switch were also observed to require maintenance due to a hole around the fixtures causing exposed wire to be visible. There was evidence of mould and condensation in the bedroom window of one resident. An area of mould and dampness was also noted in another resident's bedroom and the en-suite bathroom of another resident's bedroom. The carpet in one resident's bedroom required cleaning due to staining. A toilet was also observed to be heavily stained. Storage space in a number of residents' bedrooms was observed to be limited.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. However, one resident's personal plans had not been reviewed on an annual basis. Another residents plan

had not been reviewed to reflect changes in assessed need following a fall and to include allied health professionals' recommendations. One resident was further noted to require 1:1 staffing as part of their individualised risk assessment; however this was not reflected within the personal plan to guide staff.

While residents had opportunities to participate in decisions about their care and support, not all residents' privacy and dignity was respected in relation to their personal information. Inspectors observed personal information regarding residents were being stored in communal areas. This included the complaints log being stored in the kitchen and a large box of documentation about residents being stored in the utility room.

Inspectors looked at the designated centre's risk register. The person in charge informed inspectors that the risk assessments for one of the houses within the designated centre had not been reviewed. A fire risk assessment was in place, which identified an existing control measure that flammable items were not stored under the stairs of the two houses in the designated centre. However, on the day of inspection numerous flammable items were noted to be stored under the stairs in each of the two houses. Furthermore, a number of risks had not been identified within the designated centre's risk register, including the risk of injury to residents due to sloping roofs in residents' bedrooms.

The registered provider had ensured that effective fire management systems were in place within the designated centre. However, it was observed that a resident's bin was placed in front of their bedroom door, which may prevent the door from closing in the event of a fire. This was immediately removed by staff members on duty. Emergency lighting and fire doors were in place within the designated centre. There was a personal emergency evacuation plan in place for each resident. Inspectors observed evidence that fire evacuation drills had been carried out to ensure the evacuation plans in place were suitable to meet the assessed needs of individual residents.

Regulation 17: Premises

The registered provider had not ensured that the designated centre was kept in a good state of repair externally and internally. The designated centre did not provide enough suitable storage for residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had not ensured that there were effective systems in place in the designated centre for the assessment, management and ongoing review of

risk.
Judgment: Not compliant
Regulation 28: Fire precautions
The registered provider had ensured that effective fire management systems were in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The person in charge had not ensured that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances.
Judgment: Not compliant
Regulation 6: Health care
The person in charge had ensured that a medical practitioner was made available to each resident.
Judgment: Compliant
Regulation 9: Residents' rights
While the provider had ensured that residents were aware of their personal rights and how to make a complaint, not all residents' privacy and dignity was respected in relation to their personal information.
Judgment: Not 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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Group H - Community Residential Service Limerick OSV-0005295

Inspection ID: MON-0023847

Date of inspection: 10/07/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels effectively increased from 02.08.2019 as occupancy reduced due to resident's holidays. Staffing levels will be restored fully in line with Statement of Purpose from 02.09.2019 when full occupancy resumes. Completion date: 02.09.2019</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Managing Challenging Behaviour training will be completed on 17.09.2019 and 18.09.2019. Fire training will be completed on 21.10.2019. Safeguarding training will be complete by 10.10.2019</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Staffing levels were reduced on 20.06.2019 temporarily due to a need elsewhere in the</p>	

<p>service. Increased staff ratio in place from 02.08.2019 as occupancy reduced due to residents holidays. Staffing levels fully restored in line with Statement of Purpose from 02.09.2019 when full occupancy in the centre. Completion date: 02.09.2019</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Updated contracts of care will be issued following review of current contract. Completion date: 30.11.2019</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Provider met with PIC to discuss the complaints process: 17.07.2019 PIC met with resident and the issue is resolved. Documented in line with policy. Complete 28.07.2019</p> <p>Inconsistency between complaints procedure and easy to read version will be resolved at next review. Completion date: 30.10.2019</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Several maintenance works have been completed. Repairs to plaster work, plug and light switch and painting complete. Residents will be supported on ongoing basis regarding storage of personal belongings and avoiding clutter. Carpet will be replaced- quote awaited. Velux windows will be replaced.</p>	

Toilet will be replaced Completion date: 30.11.2019	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Items under stairs removed 10.07.2019 Bin removed from doorway 10.07.2019 Risk assessment re sloping roofs completed 19.08.2019 All risk assessments reviewed 30.07.2019 Completion date: 19.08.2019	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Review of all personal plans complete by 30.08.2019 Risk assessment and care plan for one resident updated to reflect actual level of support required. Complete 23.08.2019 Completion date 30.08.2019	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Box containing personal information re residents moved to staff office 10.07.2019 Complaints log removed to staff office 10.07.2019 Completion date 10.07.2019	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	02/09/2019
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.	Not Compliant	Orange	21/10/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the	Not Compliant	Orange	02/09/2019

	statement of purpose.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/11/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	19/08/2019
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.	Substantially Compliant	Yellow	30/10/2019
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	30/10/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	23/10/2019
Regulation	The person in charge shall	Not	Orange	30/08/2019

05(6)(c)	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Compliant		
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	10/07/2019