Community Residential Service Limerick Group J, OSV-0005754, 21 November 2019

Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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 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:	21 November 2019
Centre ID:	OSV-0005754
Fieldwork ID:	MON-0025076

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 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 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 team are led by a social care leader and is comprised of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
21 November 2019	08:00hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with all four residents during the inspection. Two residents had verbal communication and two were non verbal. At the start of the inspection, three residents were already dressed, having breakfast and preparing to attend their day service. All residents appeared happy and well supported. Staff interaction was observed to be gentle and respectful. Residents appeared comfortable with all staff members and articulated choice in relation to how they would spend their day. One resident who was in active retirement enjoyed assisting staff in the designated centre before attending to activities in the community that they had chosen.

Capacity and capability

Overall, the centre was well managed. The service was properly resourced and staff were appropriately trained and experienced to meet the assessed needs of residents. The quality and safety of the service was subject to regular review and audits and actions were taken to address issues identified. The registered provider and staff had identified and learned from adverse incidents within the designated centre.

The registered provider had in place a current statement of purpose that accurately reflected the designated centre and the services provided to residents. The statement of purpose was available to residents and had been updated in April 2019. The conditions of registration were clearly outlined in the document and a copy of the certificate of registration was displayed in the main hallway.

The person in charge was employed by the registered provider in a full-time capacity. The person in charge was a qualified social care worker and was employed in the designated centre as a social care leader. This person had extensive experience of working in the intellectual disability sector and had attained qualifications in management. The person in charge also had responsibility for another designated centre and spent equal time in both designated centres.

The staff team comprised of the social care leader who had direct working contact with social care workers and care assistants. The social care leader reported directly to the clinical nurse manager 2 who was the designated person participating in management. The person in charge provided direct supervision to all staff working within the designated centre and was responsible for both staff training and staff development. The person in charge was in receipt of supervision from the services manager.

All staff working within the designated centre were in receipt of training for fire and

safety, managing behaviours that challenge and the protection of vulnerable adults. Staff had also undertaken training specific to residents assessed needs which included infection control, medicines management, food safety, wheelchair clamping and data protection.

The current staff roster accurately reflected the staff team in the designated centre on the day of inspection. Previous records and proposed future rosters reflected staff numbers that met the assessed needs of all residents. Three residents attended day services, activation and employment during the course of each weekday. Staff were rostered to support residents attend these services and there were always two staff members in attendance to assist residents. One resident who was on a retirement programme accessed planned community activities with one to one staff support. The staff complement at night time provided for two staff members with one of the staff members sleeping over from 23.00 hours.

The registered provider had a directory of residents in place which accurately reflected all required schedule 3 information. The inspector reviewed a number of written policies which were stored in the office. All policies reviewed were in date and had been subject to ongoing review. Each policy contained a cover sheet that staff in the designated centre had signed to indicate that they had read and were familiar with the policy. Staff met with on the day of inspection reflected a good understanding of policies and their implementation.

Overall there was good evidence of governance and management. Regular supervision was in place for all staff. Local management ensured that there were staff meetings to track progress, implement changes and assure adherence with the compliance plan since the last inspection. The registered provider had ensured that a six monthly audit of the quality and safety of services was undertaken in April and October 2019 as well as an annual review of the services in November 2019. Actions arising from these audits and reviews were attached to named responsible persons and many had been addressed. Outstanding items were subject to ongoing review.

The designated centre had a current and in date complaints and compliments policy. No complaint had been registered in the complaints log for the designated centre. An easy to read format of the policy was available on the notice board within the main dining room. The process on how to make a complaint as well as the process to appeal a complaints findings were available within the designated centre. The contact details for accessing a confidential recipient were available. It was noted within local advocacy meeting minutes that this designated centre was represented by residents from another designated centre. The complaints procedure, charter of residents rights and details regarding advocacy representation were recorded as regular agenda items on the residents meeting records.

Adverse incidents that had occurred within the designated centre since the last inspection, had all been notified to the Health Information and Quality Authority HIQA, within the prescribed time frames. Incidents that did not require notification to HIQA were accurately recorded in an incident report log that clearly reflected escalation to senior management and demonstrated actions and closure within the

records.

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in charge who had undertaken and received qualifications in management.

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.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff were in receipt of prescribed mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had a register of residents for the designated centre in place with the necessary schedule 3 information.

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 of adverse incidents 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 that were in date and subject to review.

Judgment: Compliant

Quality and safety

The inspector observed a service that was person-centred and residents' needs and supports were very much to the fore. Residents were involved in the running of the designated centre as much as they practically could. Each resident was supported to communicate and make choices in relation to their own needs and wishes. Care provided to residents was specific to the residents plan of care and very much person centred. Residents articulated that they felt happy and safe. The overall environment was welcoming. Residents appeared very well cared for and staff promoted choice and sought consent and agreement from residents.

The premises was clean, comfortable and well-decorated throughout. Residents had adequate personal and communal space and all individual bedrooms were decorated and styled by the residents. Residents had agreed and respected each others right to privacy when visitors called to the designated centre. The centre was very well maintained and all maintenance requests were attended to in a timely fashion. Some residents expressed an interest in gardening and had undertaken the planting of potted shrubs. The gardens remained under lawn with little development since the opening. Access to the garden and the provision of fencing to afford privacy were under consideration.

Three of the four residents were active attendees, five days a week, at the registered providers day service. Some residents referred to this as "going to work". Residents indicated that they liked dressing up to attend these activities and enjoyed meeting their friends there. Residents also indicated that they had access to the community outside of the day services. This involved the direct support of staff and their key worker. Some residents enjoyed going out for coffee with staff, attending the hairdresser, the library, beauticians as well as going on trips. Two residents indicated that they spent weekends at home with their families while one residents attended their brothers home for hours out. All residents had these social activities recorded and these were subject to management scrutiny to determine whether residents were engaged in meaningful activities. Many activities undertaken had evidence of occurring on a regular basis and were aligned to residents agreed goals. Residents had photographs of many of the activities which they were happy to show to the inspector.

Notices in the designated centre were in an easy-to-read format. Residents had access to a main television, a land line and a mobile phone. Residents had a television set in their individual bedrooms. Internet access was available, however residents did not utilise the internet or use electronic tablets.

Food prepared by staff was observed to be wholesome and nutritious. The designated centre had fresh, frozen and canned foods in equal measure. Residents could partake in food preparation if they wished. Residents went shopping for

provisions with staff once a week. Each resident had a day that they could nominate the main meal of the day. There was choice offered to residents and to cater for varying tastes and preferences. All staff had undertaken food safety training. Utensils to assist the independence and safety of residents while eating, were in place. Each resident had a clear dietary plan in place and had undergone a speech and language therapy assessment in relation to their swallow. Residents were observed to be afforded time and space to eat their meals which were unhurried. Staff remained in attendance and vigilant to residents needs and supports while eating.

Each resident had a comprehensive individual assessment and care plan in place. Residents were supported by staff to plan and review their own care plan. families members were invited to attend and take part in the review process. Personal goals, especially in relation to social activities, continued to be part of residents normal weekly activities. This ensured that residents continued to engage in activities that they liked. Each individual care plan was subject to review by a nominated key worker.

There were very few restrictive practices in place in the designated centre. 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 person in charge had removed the use of a stair guard as residents had not shown any interest in accessing the upstairs floor of the house. The use of a bedrail for one resident was subject to ongoing review and the person in charge was actively seeking a less restrictive measure, in consultation with the resident and members of the multidisciplinary team.

The designated centre had a current risk register in place. This was subject to ongoing review. This was aligned to an individual risk assessment in place for each resident. The risk management process was supported by a comprehensive health and safety information folder specific to the designated centre. The most recent risk assessment of October 2019 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. Each residents file had evidence of correspondence relating to the refund of charges when residents spent an overnight at home with their family.

Healthcare plans for each resident were of a good standard. Attendance with general practitioners, allied health professionals and multi-disciplinary team

members were well recorded. Where appropriate, residents had access to national screening programmes. Where a resident had declined a treatment or screening opportunity, this was clearly recorded by general practitioners. Nursing staff continued to observe residents for clinical signs, to ensure an application for screening would be initiated, if required.

Fire and safety training for staff was up-to-date. Fire systems were checked daily and weekly 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. 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. Each resident had a current risk assessment in relation to fire and safety. The domestic boiler had been serviced in the current year.

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 and staff practices in relating to the administration and recording of medicines had been addressed since the previous inspection. A comprehensive audit by a qualified pharmacist had taken place since the last inspection.

The designated centre had an up-to-date and comprehensive policy on the prevention of infection. Hygiene audits were regularly conducted by the registered provider and the designated centre was cleaned to a high standard. Staff practice on the day of inspection was observed to be of a good standard and all cleaning equipment was colour coded. Aids and appliances used by residents were observed to be clean.

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 including photographs and pictures.

Judgment: Compliant

Regulation 11: Visits

Residents were free to receive visitors within the designated centre and residents had agreed to afford each other privacy in communal areas when visitors attended.

Judgment: 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 residents assessed needs, however, the proposed development of the garden areas which was of interest to residents, had yet to be fulfilled.

Judgment: Substantially 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 nutritious and wholesome.

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.

Judgment: 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.

Judgment: 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. The application of restrictive practices was limited to the least restrictive practice.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident participated in and consented to decisions about their care and support.

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	
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	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	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	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 J OSV-0005754

Inspection ID: MON-0025076

Date of inspection: 21/11/2019

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Quotes requested for upgrade to a section of the garden area to improve access for residents, until larger project can be completed via volunteer programme. Completion date 28.02.2020	

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.	Substantially Compliant	Yellow	28/02/2020