



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

Name of designated centre:	Group C - Community Residential Service Limerick
Name of provider:	Group C - Community Residential Service Limerick
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	12 June 2018
Centre ID:	OSV-0003941
Fieldwork ID:	MON-0024182

About the designated centre

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

This designated centre consists of two houses located in the community in close proximity to each other and to the provider's main campus. The provider aims to provide each resident with the opportunity to live in their own home, support their network of friends and family while maximising the opportunity to utilise community resources as desired. A full time residential service is provided to a maximum of eight female residents.

Some residents engage in social and community activity independently; staff support and supervision is also provided as appropriate to individual resident needs.

Residents are supported by a team of social care staff who in turn are supported and managed by the social care leader and ultimately by the nursing management team based on the central campus. Residents have access to day services and supported employment; a slower pace of life is provided for some residents as required by individual resident needs and choices. The provision of supports, care and services is underpinned by a person centred approach that recognises the needs, abilities and wishes of each resident.

The following information outlines some additional data on this centre.

Current registration end date:	31/10/2018
Number of residents on the date of inspection:	8

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
12 June 2018	10:00hrs to 19:00hrs	Mary Moore	Lead

Views of people who use the service

Eight residents live in this designated centre; the inspector met with and spoke with seven residents; one resident was attending a community based class.

Residents knew the inspector from previous inspections and welcomed the inspector back to their home. Residents raised no specific concerns but did say that life in the centre would be better once the plans the provider had for the provision of new accommodation transpired. Residents said that they were happy with these plans and were looking forward to the new house and the new apartment; one resident was a little concerned at the loss of garden space but said that she had told the provider this. Residents were looking forward to having their own bedrooms though they were equally happy to continue sharing until they moved.

Residents spoke of the active lives they continued to live; there was talk of educational achievements, the advocacy forum, relationships that were important to them, trips that they had enjoyed and a planned trip abroad. Recent bereavements were discussed and it was clear to the inspector that residents shared the sense of loss.

Residents understood the work of HIQA (Health Information and Quality Authority) and that sometimes inspection findings were not so good. Residents said that they were fine, they had good staff, they now had monthly meetings with staff and they could talk to any of the managers when they wanted.

Capacity and capability

Overall the inspector found that this centre was well-governed and that the provider had and was in the process of addressing previous failings so as to ensure and assure the quality and safety of the service. The provider had effective systems of review and involved residents in decisions about the operation of the designated centre. Improvement was noted on previous inspection findings.

The management structure was clear and there was clarity on roles, responsibilities, reporting relationships and individual accountability. The management team consisted of a social care leader, the person in charge and other members of the nurse management team and the provider representative.

There was evidence of open communication that supported good governance such

as the meetings that took place between staff, between management, between staff and management and residents and management. Minutes seen of these meetings demonstrated that relevant information was exchanged, staff and residents were supported to raise queries and concerns about the service and staff advocated for residents; for example the importance of ensuring that residents were supported to maintain existing social contacts and arrangements in relation to any proposed new location.

The provider was complying with the requirement of the regulations to conduct an annual review of the quality and safety of the service and to undertake a six monthly unannounced visit to the centre. In addition to these structured reviews the inspector found that the provider had additional systems for monitoring both quality and safety; for example medicines practice was audited as were health and safety systems. The reports of the annual review for 2017 and the provider reviews from November 2017 and June 2018 were reviewed by the inspector who saw that residents and their representatives were invited to contribute and provide feedback; the feedback was positive. The reviews were centre specific in that they focused on residents and acknowledged particular challenges within the service and the negative impact on quality and safety. Actions to promote further improvement were identified, progress on the implementation of action plans was monitored and there was incremental improvement over the course of reviews. This finding would concur with the improvement found on this HIQA inspection.

Staffing levels and arrangements were sufficient to meet residents individualised needs. Consistency of staffing and no reliance on agency staffing were reported; this was seen in the sample of staff rotas reviewed by the inspector. These staffing levels and this consistency were important to ensuring both the quality and safety of the service; this was recognised by the provider and maintained at all times.

There was clarity on the training completed by staff including staff employed on a relief basis. From the training records the inspector saw that staff had completed mandatory training within the required timeframes and also training that supported them to respond to residents needs such as medicines management, food safety, monitoring nutritional status and basic life support.

Residents raised no specific issue with the inspector and said that they were happy with the plans the provider had to address concerns they had previously expressed. The inspector reviewed complaints records and saw that staff supported residents to make a complaint, residents had access to senior management so as to progress and address their complaints; there was evidence that residents were assured that they should have no concerns or fears about raising any issue that they were not happy with. There was general discussion and agreement at verbal feedback as to how the normal rules that apply to managing complaints, such as record-keeping and a requirement to inform and meet with staff can be perceived by residents as barriers for them to raising concerns.

The provider kept the statement of purpose (a record the provider is required to produce that describes the centre and the service provided) under review; the statement contained all of the required information including advising of planned

changes.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were appropriate to the assessed needs of the residents. Residents received continuity of care and supports.

A planned and actual staff rota was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes; there was a system for ensuring that refresher training was scheduled. Staff had also completed training that supported them to safely respond to resident's needs.

Judgment: Compliant

Regulation 21: Records

The inspector found that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place. The required records were retrieved for the inspector with ease; the required information was readily retrieved from the records; the records were well maintained.

Judgment: Compliant
Regulation 23: Governance and management
The centre was effectively and consistently governed and resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had systems of review and utilized the findings of reviews to inform and improve the safety and quality of the service. The provider had responded positively to previous inspection findings and had and was in the process of taking action to resolve matters that impacted negatively on residents lives.
Judgment: Compliant
Regulation 3: Statement of purpose
The provider maintained and made available in the centre a current statement of purpose; the record contained all of the required information and was an accurate reflection of the centre.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had policy and procedures on the receipt, recording, investigation, learning from and review of complaints. A complete record of the management of complaints received was maintained including the actions required to address the complaint and complainant satisfaction with the management and outcome of the complaint.
Judgment: Compliant
Quality and safety

While matters that impacted on the quality and safety of the service were not fully resolved, the provider had taken mitigating actions and has a further time-bound plan to resolve these matters; this plan was of a good quality and provided assurance to HIQA that the outstanding issues would be addressed.

The care and supports provided to residents were informed by a comprehensive assessment of each residents needs; there was evidence that residents were involved in decisions about their supports and actively inputted into their personal plan. The plan was the subject of review by the staff team and by members of the multi-disciplinary team (MDT) as appropriate. Staff were in the process of agreeing with residents their personal objectives for the coming year. One resident discussed and reported satisfaction with her personal plan meeting that had been held that day. There was consideration of proposed plans to change the accommodation provided and the support that residents would require to successfully manage this transition.

Overall the inspector found that resident's personal objectives were met. It was evident to the inspector that residents were enabled to lead their lives in as fulfilling a way as possible; residents themselves communicated this to the inspector. On an individualised basis residents had access to a broad range of meaningful activities and community engagement; this was evident from records seen and from speaking with residents. All engagement was focused on meeting and promoting resident wishes and general welfare and development needs and included access to paid employment. The list of opportunities that residents enjoyed was individualised and extensive and a good balance was achieved between what was accessed within the service and in the local community.

It was clearly demonstrated how the provider respected and promoted residents rights. The inspector found that a good balance was achieved between promoting resident independence and autonomy and providing residents with the security and support that they required. Different levels of support were provided but only in accordance with the assessed needs of each resident and an assessment of risk. Residents confirmed that they were supported to attend religious services when they wished and to exercise their vote. One resident was a representative on the advocacy forum; the provider also facilitated access to independent advocacy to ensure that decisions made about the service addressed not only resident's best interests but also their individual will and preference. Regular structured monthly meetings between staff and residents were held; the minutes of these reflected that residents were consulted with and informed as to the general operation of the centre. Residents told the inspector that they enjoyed these meetings; on speaking with them residents were clearly informed of issues and decisions relevant to their life in the centre.

The provider had arrangements that ensured that residents were supported to enjoy good health. A team of nursing staff worked with social care staff and residents to ensure that healthcare needs were monitored and responded to in a timely manner. Staff supported residents to access and attend healthcare services such as their General Practitioner (GP), the dentist, psychiatry and psychology, speech and

language therapy and chiropody.

All staff had attended safeguarding training and staff spoken with had a good understanding of the providers policies and procedures for responding to any alleged, suspected or reported abuse; staff were clear that it was their responsibility to report but never to decide whether abuse could have occurred or not.

Residents did present with behaviours that posed a risk to themselves and others; one identified trigger for these behaviours was the fact that residents with needs that were not compatible lived together. This has been an ongoing concern over the course of HIQA inspections given the negative impact on residents. There was a general consensus amongst staff and persons participating in the management of the centre that this incompatibility was now managed but not resolved and would not be fully resolved for as long as this particular group of residents were living together. Interventions included a structured programme of activity, individualised staffing arrangements and consistency of staffing and practice. It was evident to the inspector from records seen that the matter was not resolved but also that staff sought to manage and respond to individual needs in a way that minimised triggers and reduced the impact. A certain amount of residual anxiety was described by staff but overall there was satisfaction amongst residents and staff that a solution was pending. The provider has submitted a time-bound, funded plan to resolve this matter; the plan has been accepted by HIQA and on that basis the provider is judged to be compliant.

The provider had addressed deficits in training for staff in responding to and managing behaviours. The provider was in the process of implementing a new programme of training delivered by in-house facilitators. The inspector was satisfied that all staff working in the centre had received training and were in the process of transitioning to this new training programme.

How staff were to respond so as to prevent and manage behaviours was set out in a behaviour support plan devised with input from psychology; staff confirmed that the plan was recently reviewed and minor changes were proposed. The plan was therapeutic but medicines to be administered on a PRN (as required) basis were also prescribed as a behaviour management intervention. Staff completed specific PRN administration records and usage was monitored; records seen indicated that administration was minimal. The inspector did advise however at verbal feedback that the review of the plan should include the use of PRN medication or a specific protocol should be devised to support good and consistent practice.

A comprehensive risk register was maintained that included centre specific, work-related and resident specific risk assessments. The inspector saw from the accident and incident log that there was timely follow-up of incidents by members of the management team; corrective actions were identified and followed through on based on other records seen; for example minutes of meetings with staff. There was discussion at verbal feedback however of the differentiation between incidents, incident records and behaviour recording charts and the importance of clarity in practice; there were more of the latter. The provider committed to review this to ensure that there was consistency between the provider's procedures and the

behaviour support guidelines.

The provider had assured the safety of residents by incrementally completing fire safety works. There were outstanding infrastructural fire safety works to be completed but the provider has submitted a time-bound plan to HIQA for their completion. There was documentary evidence that the emergency lighting, fire detection system and fire fighting equipment were inspected and tested at the prescribed intervals and most recently in April 2018. Staff had completed fire safety training and undertook simulated evacuation drills with residents. Records of these drills indicated that the provider had arrangements that ensured that residents could be effectively evacuated. There was evidence of good practice as staff adjusted the evacuation procedure in response to the findings of the drills.

Regulation 13: General welfare and development

Each resident had opportunity for new experiences, social participation, recreation, education, training and employment. Access was determined by individual needs, abilities, interests and choices and therefore supported success rather than failure. It was evident to the inspector on speaking with residents and observing practice in both houses that residents were enabled to lead their lives in as fulfilling a way as possible.

Judgment: Compliant

Regulation 26: Risk management procedures

A current safety statement, risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was individualised and supported responsible risk taking as a means of enhancing the quality of life while keeping residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents. The provider has submitted a time-bound plan to HIQA for the completion of outstanding fire safety

works.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports they required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed by staff and members of the MDT in consultation with the resident and their representative as appropriate and in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Each resident has access to the range of healthcare services that they required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall there was evidence of a positive evidence based approach to the management of behaviour and plans that detailed how therapeutic interventions were implemented. The plan was tailored to individual needs; the effectiveness of the plan was the subject of review.

The provider had addressed deficits in staff training that equipped them to respond to behaviours of concern.

The provider has submitted a time-bound, funded plan to ensure that arrangements are in place in the designated centre to meet individual resident needs and requirements.

Judgment: Compliant

Regulation 8: Protection

There are policies and supporting procedures for ensuring that residents were protected from all forms of abuse. Staff spoken with had a good understanding of safeguarding and of the providers reporting procedures. Residents told that inspector that they were fine and that staff were good and respectful of them.

Judgment: Compliant

Regulation 9: Residents' rights

There was consistent evidence of how the provider respected and promoted residents rights. This was seen in the way that residents were consulted with and had access to the management team; residents spiritual and civil rights and preferences were respected. Residents were supported to safely exercise independence, choice and control. The provider was aware of and respected resident capacity to make decisions. Advocacy both internal and independent was utilised to inform decision making so that not only residents best interests but also their will and preference informed decisions about their supports.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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