

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Carriglea Cairde Services
<b>Centre ID:</b>	OSV-0002087
<b>Centre county:</b>	Waterford
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Carriglea Cairde Services
<b>Provider Nominee:</b>	Vincent O'Flynn
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	6

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
08 September 2014 09:10	08 September 2014 19:30
09 September 2014 09:10	09 September 2014 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was a registration inspection of a Residential Service which is one of a number of designated centres that come under the auspice of Carriglea Cairde Services Ltd. Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE.

Cove Residential Service consists of two houses one which is located outside the village of Stradbally approximately 15 kilometres from Dungarvan town and currently has four residents residing there but can accommodate five residents. The second

house is a purpose built new bungalow which is not yet in operation and is located on the outskirts of the town of Dungarvan. The centre provides residential care to residents who generally fall within the severe range of intellectual disability.

As part of the inspection the inspector met with residents, the person in charge, the nominated provider, the clinical nurse manager, social care workers and other care and staff members. Throughout the inspection the inspector observed practices and reviewed documentation which included residents' records, centre-specific policies and procedures in relation to the centre, medication management, accidents and incidents management, complaints, health and safety documentation and the emergency plan. Both houses were visited and inspected for their suitability and compliance with the regulations.

A number of questionnaires from residents and relatives were received and the inspector spoke to the residents during the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. Family involvement was encouraged and this was evident from talking to the residents and from residents personal plans. The person in charge was involved in the overall running of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement was encouraged as observed by the inspector.

There was an extensive range of social activities available to the residents and they were seen to positively engage in the social and community life which was reflected in their personal plans. The inspector observed evidence of good practice during the inspection and was satisfied that residents received a good standard of social care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required. Personal plans were viewed by the inspector and were found to be comprehensive, appropriate to the needs of the residents and up to date. The inspector found that there were a number of improvements required in complaints documentation, governance reports, disabled accessibility to the new house and areas around health and safety also required improvement.

The action plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- health and safety
- risk management policy
- complaints documentation
- issues with the new premises
- provision of governance reports

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. Residents with whom the inspector spoke stated that they felt safe and spoke positively about their care. Residents described the staff as being available to them if they had any concerns. The staff and residents informed inspectors that residents were actively involved where possible in the house with residents' meetings held weekly. Minutes of these meetings were seen by the inspector and they were found to be comprehensive, issues discussed included how to make a complaint and to whom, menu planning and social aspects of care including trip planning. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, what social activities they wished to take part in and what trips out they wanted to go on.

Residents/relatives were provided with surveys and all feedback received is logged and acted upon, as required. The person in charge told the inspector that all views expressed form the basis for planning of the operation of the service going forward. The staff and residents confirmed that there was an open visiting policy and that relatives could visit at any time. They told the inspector that visitors were always made welcome and offered refreshments and that there was space within the house provided for them to visit in private if they required. The inspector as a visitor to the house was made welcome and was offered refreshments.

The inspector saw that residents all had their own bedrooms and two of the residents had their own en-suite bathroom. Resident's privacy and dignity was maintained by having their own bedrooms and in the respectful way the staff were seen to deal with hygiene and personal care issues.

The complaints procedure was viewed by the inspector and was found to meet the requirements of the regulations. The procedure is outlined in the comments and complaints policy. Copies of the comments and complaints form 'Having Your Say' were seen to be available in the centre. There was a complaints log available for each house to record any complaints and the action taken to address such complaints. The inspector saw that complaints had been documented into the complaints log and there was a section for investigation/action taken. However the inspector noted that there was little detail documented in relation to the investigation, action taken and the communication taken place with the complainant. The complaints policy clearly states that the staff member was to record the complaint, the discussions and actions taken on the complaint form, therefore the centre was not abiding by its own policy in relation to recording of complaints and was not fully compliant with the regulations in relation to the recording of the complaint and investigation. The inspector was satisfied that the complainant was satisfied with the action taken and outcome but this requires to be more comprehensively documented including conversations undertaken. The provider analysis all complaints by type and prepares an annual report with outcomes for the HSE as part of their service level agreement. If a resident or relative requires independent support to make a complaint, there was evidence that advice was given on how to access an independent advocate. Training in the use of the complaints procedure is provided through day services and an easy to read version of the policy was available to residents. The procedure on how to make a complaint and to whom was discussed at house meetings as evidenced in the minutes.

The inspector noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions and the inspector observed very personalised bedrooms available for residents.

**Judgment:**

Non Compliant - Minor

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector noted that residents had access to appropriate media, such as television, newspapers and radio. One resident had a television in his room and the inspector noted that there were large flat screen televisions in communal rooms. There was a computer

in the house but the staff said residents did not have any interest in accessing it. One resident had an easy to use tablet but again rarely used it.

There was a communication policy dated 2014 available which was viewed by the inspector and found to be comprehensive. During the inspection, staff who spoke to the inspector demonstrated awareness of the individual communication needs of residents in their care and could outline the systems that were in place to meet the diverse communication needs of residents. In addition, the inspector noted that individual communication requirements including residents with communication complex needs had been highlighted in personal plans and were also reflected in practice. For example the inspector noted that staff used communication approaches such as gestures, signals, facial expressions and vocalizations to communicate with two residents who had limited verbal communication. Pictures were also used to aid communication for activities, menus and tasks. The inspector saw a picture communication board in one residents' bedroom and was satisfied that good communication took place in the centre.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector noted there was an open visiting policy and relatives could visit without any restriction and there was evidence in residents' person-centred plans that visitors attending the centre at different times. One of the resident's family lived in very close proximity to the centre which enabled frequent visits and visits of varying duration.

The inspector saw that relatives were updated as required in relation to residents' progress and many relatives attended residents' personal planning meetings. The inspector saw in residents' personal plans that all contact with family members was documented from visits to meetings, phone calls and unplanned meetings. There was evidence that resident' representatives could bring any issue directly to staff and the staff were very responsive to any such issues raised.

The inspector saw that residents are supported to develop and maintain personal relationships and links with the wider community and families are encouraged to get involved in the lives of residents. Some residents regularly went out to their family homes and relatives for the day, weekend or for holidays and this was all documented

as part of their personal plans.

The inspector saw that the centre had access to their own transport and saw this transport at the house and day service. They also had drivers and volunteers to assist residents in fostering links with the local community. Residents regularly attended shops, restaurants, sporting activities, a variety of social outings and for regular walks around the local village.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector viewed the admissions policy which outlined that admissions are managed in a fair and transparent manner. The service has admissions, transfer and discharges committee and all admissions have to go through and be approved by the committee.

The admissions criterion is set out in the policy and takes account of:

- Availability of a suitable vacancy or resources for a new service
- Prioritisation based on need and family circumstances
- catchment area (agreed with the HSE)

All applicants must be over 18 years of age and be assessed to have an intellectual disability (The applicants primary and predominant disability must be intellectual disability). The eligibility criteria also outlined when admissions can be declined. The admission policy was updated during the inspection to take account of the need to protect residents from abuse from their peers as outlined in the regulations. The person in charge informed the inspector that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety and needs of other residents currently living in the centre.

The inspector reviewed copies of the written agreements in relation to the terms and conditions of residing in the centre. It was noted that the documents did detail the support, care and welfare of the resident and details of the services to be provided for that resident. An attachment to the service agreement included a user friendly easy read version which included the fees to be charged in relation to residents care and welfare in



the designated centre and what is included and excluded from these charges as required by the regulations. The service agreements were signed by family members when the resident was unable to sign.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There were a number of centre-specific policies in relation to the social care and welfare of residents including policies on meaningful activation and assessing and management of individual social care needs. The inspector was informed by staff that there were a number of options available for all residents in relation to activities. The inspector visited the day service of a number of the residents and saw that a number of group sessions took place and residents were involved in various activities which included pet therapy, music, drama therapy and physical activity. There is a large swimming pool attached to the hall in the centre and some residents expressed their enjoyment of swimming and in using the swimming pool. Other activities that were available were computer skills, keep fit, arts and crafts, gardening, cookery classes and visits to town, the beach, restaurants and areas of interest. The inspector noted that a number of residents participated in their own individualised activities; often on a one to one such as going out for walks with staff.

The inspector reviewed a selection of personal plans which were very personalised and detailed resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. The inspector was informed that the social care and healthcare staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were

responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

There was evidence of interdisciplinary team involvement in residents' care including nursing, dietician, medical and General Practitioner (GP), dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs.

The inspector noted that there was a circle of support identified in each resident's personal plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals.

There was evidence in residents' personal plans that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The centre consists of two bungalows both located in rural settings. The first house is currently operational and is home to four residents but it can accommodate five residents. All residents have a single bedroom and two of these bedrooms have en-suite bathrooms. The other residents have access to a bathroom and separate shower room. The bathroom and shower room also have toilet and hand washing facilities. The bedrooms were seen by the inspector to be large and very personalised and decorated to suit the preferences of the residents residing there. The communal accommodation included a sitting room, a kitchen/dining area and a conservatory leading to a large private garden. The garden was well maintained and there was an outdoor patio area to accommodate suitable garden seating and tables provided for residents use. Car parking facilities were available at the front of the house.

The centre was found to be very clean and well maintained. Laundry facilities were provided and residents are encouraged to be involved in doing their own laundry.

Maintenance was undertaken by the maintenance staff from the main campus and the inspector saw the maintenance log and items that require maintenance are emailed and also documented in the log and signed off once completed.

The second house is a new purpose build bungalow which is not currently in operation but a number of residents are currently being identified as meeting the criteria to live there. It has five single bedrooms for residents use with full en-suite facilities. The bedrooms were fully furnished with beds, wardrobes and lockers providing ample space for personal belongings. There was also a large bathroom with a specialist bath.

The communal accommodation consisted of a large sitting room, a large kitchen/dining room and a further separate sitting/visitors room with direct access to the enclosed garden. Other access to the garden was via the kitchen but there was a step down which did not allow easy access for people in a wheelchair. The access from around the front of the house to the back was via a narrow footpath and again this had a step down and did not allow easy access for people in wheelchairs. There was a fully fitted utility room with laundry facilities.

The inspector noted that the house was furnished and finished to a high quality design and standard. However it was noted that all the toilets in the en-suite bathrooms were not designed as toilets for people with disabilities in that they were very close to the wall on one side. This positioning of the toilet did not allow for access to one side of the toilet which would be required if a resident required the assistance of two staff.

Specialist equipment for use by residents or people who worked in the centre was currently not required and therefore there was not any specialist equipment seen.

Transport is provided by the service to assist residents in accessing work, education and recreational opportunities and the centre had its own transport.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Certification of compliance with the fire regulations signed by a person competent in fire safety was forwarded to the authority and was seen by the inspector as part of the

application for registration of the centre. The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the building. Pictorial fire safety plans were displayed in each resident's room identifying to them what to do in the case of fire. The inspector viewed records which confirmed that very regular fire drills took place with a night drill took place in August 2014 and well as day drills in July and August. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspector examined the fire safety records with details of all checks and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in November 2013. However there were no centre specific certification of testing of fire alarms, fire equipment and emergency lighting. All test certification just refer to Carriglea Cairde services and do not distinguish between any of the community or campus houses so it is difficult to establish when particular services were checked and tested. The fire doors were seen to be heavy and the provider told the inspector magnetic hold backs connected to the fire system were to be placed on the doors to hold them open which would automatically close in the event of a fire. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was held on various dates in 2013 and 2014.

The inspector viewed minutes of the health and safety committee meetings and saw that regular meetings took place. The committee addressed all areas of health and safety including accidents and incidents, fire management plans, boilers, prevention of legionnaire's disease, transport of service users. The inspector viewed a health and safety audit undertaken of the centre in August 2014. There was evidence of issues identified and actions taken. The health and safety representative meets with the management team monthly and gives feedback on all issues of relevance including statistics. The centre-specific safety statement was seen by the inspectors which had been revised in January 2014. Records confirmed that three members of staff had undertaken a safety management course.

Comprehensive risk assessments were seen by the inspector and from a selection of personal plans reviewed the inspector noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management. There were also assessments of risks associated with, self harm, and making tea, supporting positive behaviour and the management of epilepsy where appropriate.

There was a risk management and risk assessment policy in operation which outlined responsibilities and recording requirements. Although absence of a resident, accidental injury to residents and staff and aggression and violence were identified in risk registers, the risk management policy did not meet the requirements of legislation as the policy did not adequately include the measures and actions in place to control those specified risks and did not include measures and actions in place in relation to self-harm.

The inspector also noted that there were very large radiators in the new house which were not on at the time of the inspection. There was not a risk assessment to date for their operation in the winter when they could present as a burn risk for residents.

The environment of the houses was generally homely and visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the centre was undertaken by the care staff once their caring duties were undertaken. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Staff had received training hand hygiene practical training in 2013. Observation of hand washing by the inspector indicated best practice was adhered to as staff took opportunities to wash their hands and use hand gels.

The inspector viewed training records which showed that staff had received up to date training in moving and handling.

The emergency plan seen by the inspector was very detailed in relation to fire and other emergencies such as power outage, lack of water, adverse weather conditions and vehicle breakdown. There was an emergency information sheet seen in each residents file with photo identification. The inspector saw the emergency missing person pack which contained space blankets, torch, rain wear, high visibility vests to be used in the case of a search for a missing resident.

The inspector viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles which includes two wheel-chair assessable vehicles. All vehicles were serviced and insured.

**Judgment:**

Non Compliant - Minor

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom the inspector spoke knew what constituted abuse and demonstrated to the inspector an awareness of what to do if an allegation of abuse was made to them and clearly told the inspector there was a policy of no tolerance to any form of abuse. The provider informed the inspector that two staff had completed a train

the trainer course in safe-guarding and had provided this training to staff. Records showed that the majority of staff had received training in 2013 and 2014 with two staff that received training in 2012 were to receive refresher training.

The provider had put in place one staff member throughout Carriglea cairde services as designated persons to deal with any allegations of abuse. If that person is away there is another member of staff is nominated to deal with any issues that arise. The inspector spoke to the designated person on a previous inspection. She explained that she undertook a four day comprehensive training programme on abuse and all allegations of abuse are reported to her, she documents the allegation and commences the investigation involving all the relevant people and reports directly to the provider. Residents to whom the inspector spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. The inspector noted a positive, respectful and homely atmosphere and saw easy dialogue between residents in their interactions with staff. The inspector was satisfied that the provider and person in charge had taken adequate steps and safe-guarding practices to protect the residents.

There was a policy on challenging behaviour and the inspector saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspector it was noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. A psychologist was involved in the drawing up of a behavioural plan for residents which was fully followed and implemented by staff.

There was a policy in place in relation to restrictive practices dated march 2014, there was no restraint in use in the centre at the time of the inspection.

There was a policy in place regarding resident's personal property and possessions. The inspector saw that there were transparent systems in place to safeguard all residents' monies. Statements regarding finances were issued to residents. Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes.

**Judgment:**

Compliant

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw that there was a process for recording any incident that occurred in the centre and the procedure for maintaining and retaining suitable records as required under legislation.

All incidents and accidents were recorded in a comprehensive incident log and a copy was sent to the person in charge for checking and for countersigning all incidents/accidents. The provider outlined the arrangements to ensure that a written report was provided to the authority following any incident that required to be notified to the authority within three days and at the end of each quarter period. The authority had received all notifications in a timely manner as required by legislation.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was satisfied that resident's opportunities for new experiences, social participation, education, training and employment were facilitated and supported. The various day service within Carriglea Cáirde Services provide education and training in areas identified by service users such as computer skills, horticulture skills, advocacy and relationship skills, and other life skills. Where necessary, the person in charge told the inspector adaptive communication tools and specialist software were used to aid learning.

Residents to whom the inspector spoke outline that they had regular roles within the house and the inspector noted that such roles formed part of residents' goals in their personal plans. The resident's roles and responsibilities included keeping the house tidy, setting tables for meals, participating in food preparation and clearing up after their meals. The inspector was also informed that these roles were adapted to meet the capacity and needs of the individual residents.

Residents outlined to the inspector how they could access appropriate and accessible indoor and outdoor recreational events for example bowling, cinema, and trips to the seaside and to different local amenities.

The service has a transition to work team which sources external work placements to

match the requests of service users thereby enabling them to access the world of work. Individuals are supported to source paid employment whenever possible and staff provide coaching in the specific requirements of the job until competency is achieved. There was no resident in the centre currently availing of this service but residents are assessed for their suitability.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector saw that residents were assisted to access community based medical services such as their own General Practitioner (GP) and were supported to do so by staff that would accompany them to appointments and assisted in collecting the prescription as required. Out of hours services were provided by the local Caredoc service who attended the resident at home if necessary. The inspector saw that residents receive an annual medical health check which is signed by the GP and medications are reviewed on a regular basis. Psychiatry and psychology services were available as required and there was a social worker available one day per week.

Residents were seen to have appropriate treatment and access to allied therapies. Specialist services and allied health care services such as physiotherapy, occupational therapy, speech and language therapy, chiropody and optical were organised as required by the staff.

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on health assessment and care management. The inspector reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. The inspector noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan. From reviewing residents plans inspectors noted that residents were provided with support in relation to areas of daily living including eating and drinking, personal cleansing and dressing, toileting and oral care. There was evidence of a range of health assessments being used including physical well-being assessments, epilepsy nursing



assessment, falls assessments, resident related hazard assessment, eating and drinking assessment. The inspector noted that there were a number of health support plans to address identified healthcare needs and records of support interventions provided by the interdisciplinary team members.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents’.

The inspector was satisfied that facilities were in place so that each resident’s well-being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. The inspector saw that residents were involved in the menu planning. Weekly meetings were held with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. There were a number of residents on specialist diets and the residents were seen to have nutritional plans and swallow plans as required with some residents requiring a soft diet. The individual dietary plans ensured residents received the correct diet in the correct consistency and in their preferred way. The inspector observed that residents had access to fresh drinking water at all times.

The food was seen to be nutritious with adequate portions and the staff encouraged health eating. Residents to whom the inspector spoke stated that they enjoyed their meals and that the food was very good. They also liked to eat out and often had meals out at the weekends.

The Inspector noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

This was the centre’s first inspection by the Authority.

**Findings:**

There were centre-specific medication management policies and procedures in place which were viewed by the inspector and found to be comprehensive. The inspector saw that the residents own GP prescribes all residents medication and this is obtained from the residents’ local pharmacist for each resident. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the

resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication. The signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

The inspector saw that references and resources were accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

The inspector did not see any residents that required their medications to be crushed and the staff informed the inspector they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format.

Non nursing staff had undergone two day training on safe medication administration; and they were assessed as competent by a nursing staff prior to any administration of medications to residents. The inspector saw evidence of this training in the staff files. The staff told the inspector that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspector were generally knowledgeable about the resident's medications. Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. There were no residents that required scheduled controlled drugs at the time of the inspection.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

A recently updated statement of purpose was available and reviewed by the inspector. The statement of purpose described and reflected the day-to-day operation of the centre and the services and facilities provided in the centre.

The person in charge confirmed that she kept the statement of purpose under review and provided the inspector with a copy of the most up to date version following the inspection. The inspector noted that there was a copy of the Statement of Purpose available for residents in the centre.

The statement of purpose was found to be comprehensive and contained all the relevant information to meet the requirements of legislation.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Carriglea Cairde Services Ltd provides a range of day, residential, and respite services in and around the Dungarvan area. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. The board of directors meet on a bi-monthly basis. The board of directors has a number of sub committees each with their own terms of reference. The general manager is the chief executive officer who leads a senior management team. The senior management team consists of the person in charge, an administrator/quality and standards manager, a human resources manager, and a finance manager.

The person in charge works full-time and is a registered nurse intellectual disability and a registered general nurse. She has 32 years experience working in a nursing role in services for people with disabilities of which 15 years are in a management role. She holds a Bachelor of Science degree in nursing and a diploma in management.

The inspector formed the opinion that the person in charge had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The person in charge was actively engaged in the governance and operational management of the centre, and based on interactions with the person in charge during

the inspection, she demonstrated a good knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The inspector saw that there was a copy of the National Standards and the Regulations were available to staff along with other relevant documentation.

The inspector noted that residents were familiar with the person in charge and approached her with issues during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspector were clear about who to report to within the organisational line and of management structures in the centre. A CNM2 deputised in the absence of the person in charge and was seen to be also fully involved in the management of the centre also.

The inspector noted that throughout the inspection the provider, person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents.

The provider visited the centre on a regular basis and had undertaken unannounced visits which he had documented. However he had not completed a written report on the safety and quality of care and support provided in the centre and put a plan in place a plan to address any concerns regarding the standard of care and support as required by the regulations. The inspector saw that there was an annual report completed on all the services for 2013 and was told this report was completed annually.

The report detailed all aspects of the services and included health and safety, admissions, transfers, discharges, staff training and development, reports from the quality committee and maintenance projects.

There is also ongoing auditing of various aspects of the service which included medication management, resident's records, financial records, accidents/incidents, complaints, safeguarding and health and safety audit. An audit schedule was seen by the inspector to be in place. The inspector was satisfied that there were systems in place to monitor the quality of care and experience of the residents and that support and promote the delivery of safe quality services through ongoing audit and review.

**Judgment:**

Non Compliant - Minor

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There had been no periods where the person in charge was absent from the centre for 28 days or more and there had been no change to the person in charge. But the provider was aware of the obligation to inform the chief inspector if there is any proposed absence.

Support and acting up arrangements were comprehensive, the CMN covers for the person in charge when she is away.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

*The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.*

**Theme:**

Use of Resources

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

There is an annual budget for the centre which is kept under regular review. The provider and person in charge told the inspectors that funding would be made available in the event of a major piece of equipment breaking down and requiring replacement.

The accounts and budgets are prepared and allocated by the accounts department and are managed by the person in charge and overseen by the registered provider who reports to the board of directors.

There is a fund raising committee for Carriglea Cairde Services and money raised is used to fund projects and comforts for residents.

The inspector noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required by the services fleet of vehicles.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a planned and actual staff roster in place which showed the staff on duty during the day and night and was properly maintained. There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure. The inspector met with the human resources manager during a previous inspection and she outlined her role in ensuring all staff were recruited and inducted in accordance with legislative requirements.

The inspector reviewed a sample of staff files and noted that all of the requirements of Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities were available. There was evidence that new staff received a comprehensive induction programme and these were seen signed by the staff member and the line manager in individual staff files.

The inspector was satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident's needs during the day and at night.

During the inspection the inspector observed the person in charge and staff interacting and speaking to residents in a friendly, respectful manner and observed that residents were familiar with the staff. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspector spoke to staff on duty during the inspection, staff appeared to be competent and were aware of their roles and responsibilities.

Staff with whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. The inspector noted that

accessible copies of the standards were available in the centre and staff spoken with demonstrated adequate knowledge of the regulations and standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies. Mandatory training was provided as confirmed by staff and training records. Further education and training completed by staff included food hygiene, first aid, risk management, community inclusion, communication therapies, health and safety and hand-washing.

All care staff have at a minimum a Further Education Training Awards Council (FETAC) level 5 qualifications in healthcare.

The inspector noted that staff meetings took place and that staff were facilitated to communicate with fellow staff and the person in charge around issues relevant to the residents and the centre. A formal appraisal system had been recently implemented. Records showed that the staff had appraisals completed and staff and the person in charge stated they found this very beneficial.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*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 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

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 maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The centre was adequately insured against accidents or injury to residents, staff and visitors. The inspector reviewed the centres policy and procedures and found that the centre had all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff to whom the inspector spoke demonstrated an understanding of specific policies such as the medication management policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

The inspector reviewed the directory of residents and noted that the directory was completed for each resident and contained the required information.

The inspector found that overall records were generally accurate, complete and maintained in a manner that allowed them to be easily retrieved by staff.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Carriglea Cairde Services
<b>Centre ID:</b>	OSV-0002087
<b>Date of Inspection:</b>	08 September 2014
<b>Date of response:</b>	08 October 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The inspector viewed the complaints log and noted that there was little detail documented in relation to the investigation, action taken and the communication taken place with the complainant.

**Action Required:**

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**

The complaints log is amended to reflect the changes required in all areas of the service. A copy of the revised changes was forwarded to the inspector.

**Proposed Timescale:** 08/10/2014

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Access to the garden in the new house was via the kitchen but there was a step down which did not allow easy access for people in a wheelchair. The access from around the front of the house to the back was via a narrow footpath and again this had a step down and did not allow easy access for people in wheelchairs

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

**Please state the actions you have taken or are planning to take:**

The organisation have engaged the services of an architect to recommend possible solutions. Quotes to place ramp at the kitchen door and widen the footpath to improve access for all service users are being sought from builders.

**Proposed Timescale:** Place ramp at kitchen door and widen footpath by 31.12.2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

All the toilets in the en-suite bathrooms in the new house were not designed as toilets for people with disabilities in that they were very close to the wall on one side. This positioning of the toilet did not allow for access to one side of the toilet which would be required if a resident required the assistance of two staff.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

**Please state the actions you have taken or are planning to take:**

The organisation have engaged the services of an architect to recommend possible

solutions. Quotes have being sought from a builder to reposition two toilets initially and the organisation will review the position of the remaining toilets in line with the needs of service users for admissions and transfer to the house.

**Proposed Timescale:** 31/12/2014

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not meet the requirements of legislation as the policy did not adequately include the measures and actions in place in relation to self-harm.

The inspector also noted that there were very large radiators in the new house which were not on at the time of the inspection. There was not a risk assessment to date for their operation in the winter when they could present as a burn risk for residents

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

The person in charge did not specify to the inspector on the day that these radiators are Stelrad's range of Low Surface Temperature radiators ,they meet NHS Guidance for 'safe hot water and surface temperature' and are finished with antibacterial paint as standard.

The risk management policy is amended to include actions in relation to self-harm .

**Proposed Timescale:** 08/10/2014

### **Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider had undertaken unannounced visits to the centre but he had not completed a written report on the safety and quality of care and support provided in the centre and put a plan in place a plan to address any concerns regarding the standard of care and support as required by the regulations.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**

The registered provider report will be completed for the designated centre and will include the safety and quality of care provided in the centre and will include the plan to address concerns regarding the standard of care and support of residents.

**Proposed Timescale:** 10/10/2014