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<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Carriglea Cairde Services</th>
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<td>ORG-0011404</td>
</tr>
<tr>
<td>Centre county:</td>
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</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherine.caseyfarrell@carrigleaservices.com">catherine.caseyfarrell@carrigleaservices.com</a></td>
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<tr>
<td>Provider Nominee:</td>
<td>Vincent O'Flynn</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Catherine Casey Farrell</td>
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<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
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<td>Support inspector(s):</td>
<td>Ide Batan</td>
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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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: To:
05 March 2014 09:50 05 March 2014 19:00
06 March 2014 09:10 06 March 2014 17:10

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<tr>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

This was a monitoring inspection of Carriglea Residential Services which is one of a number of designated centres that come under the auspice of Carriglea Cairde Services Ltd which is a voluntary body run by a board of directors. Carriglea Residential Services consists of six houses which are located on the main campus which is near Dungarvan town.

As part of the inspection the inspectors met with residents, the person in charge, the nominated provider, clinical nurse managers, the administrator/quality and standards manager, the human resources manager, the catering manager, nursing and other staff members.

At the outset of the inspection the inspectors met with the nominated registered provider, the person in charge and management team and discussed the management and clinical governance arrangements and the role of the person in charge. Throughout the inspection inspectors 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.

In summary, the person in charge was involved in the day-to-day 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 inspectors. The person in charge informed inspectors that she endeavoured to provide a person centred service to effectively meet the needs of residents.

The inspectors observed evidence of good practice during the inspection and were satisfied that residents received a good standard of care with appropriate access to general practitioner (GP), psychiatry, psychology and allied health professional services as required. There was an extensive range of social activities available internal and external to the centre. Person-centred plans were appropriate and up to date. Some improvements were required in relation to, staff training, staff records, infection control, and documentation.

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 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- staff training and development
- staff files
- medication management practices
- health and safety issues
- resident and family consultation in development of personal plans
- development of an appraisal system.
### 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

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**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. Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. The inspectors saw a number of group sessions taking place in the hall/activation centre during the inspection which included pet therapy, music, drama therapy and physical activity. There is a large swimming pool attached to the hall and residents expressed their enjoyment of swimming and in using the swimming pool. One of the inspectors saw a group of residents enjoying a multi-sensory session in a large multi-sensory room. 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. Inspectors 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. Inspectors also noted that a number of residents regularly visited their friends and attended Mass in the centres church. Residents to whom inspectors spoke stated that they enjoyed the organised activities and also eating out and going into town.

The inspectors 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. Inspectors were
informed that nurses and other 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 inspectors noted that there was a circle of support identified in each resident’s person-centred plan which identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals.

Although there was evidence of resident and family involvement in the reviews of person centred plans through minutes taken of meetings of the reviews showing their attendance. The purpose of these meetings was to clarify if the resident had attained their personal outcomes or goals. However, in the sample of plans reviewed there were some inconsistencies in relation to documentation of residents’ and family involvement in the development of residents personal plans. This required to be developed further to demonstrate involvement in the assessment and planning of care.

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

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
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. Regular fire drills took place in each house. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspectors examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in 2013.

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 with further dates booked for April 2014. However there were a
number of staff that had not received fire training since 2007. This does not meet the requirements of legislation.

The inspectors viewed minutes of the health and safety committee meetings and saw that the last meeting took place in January 2014. 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. There was evidence of issues identified and actions taken. There was also evidence of learning from previous incidents and changes to practice put in place as a result, particularly in relation to a missing resident. 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 inspectors for each house and from a selection of personal plans reviewed inspectors 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, supporting positive behaviour and the management of epilepsy where appropriate. There was a risk management and risk assessment policy that was put into operation on the day of the inspection which outlined responsibilities and recording requirements.

The environment of the six 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. There were supplies of latex gloves that were located in a number of areas throughout the centre and some staff had small hand gel containers attached to their clothing. All bedrooms had hand washing sinks available except for two bedrooms in the lodge which shared a bathroom further down the hall. In this area staff were not facilitated to abide by best practice in relation to infection control when attending to these residents hygiene needs.

The inspector viewed training records which showed that although the majority of staff had received training in moving and handling there were a number of staff who had not received training since 2009 and 2010. This action is covered under Outcome 17. There were a number of different hoists available in the centre and residents all had their own individual slings. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.
The emergency plans was in place on the day of inspection in relation to fire and other major emergencies however this needed to be formalised and documented in a centre-specific emergency plan to take into account all emergency situations such as loss of power, water, cooking facilities and where residents could be relocated to in the event of being unable to return to the centre.

The inspectors 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.

**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

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Policies and procedures were in place for the prevention, detection and response to abuse. Staff with whom inspectors spoke knew what constituted abuse and demonstrated to the inspectors 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 inspectors that two staff had completed a train the trainer course in abuse and had provided this training to staff. Records showed that the majority of staff had received training in 2013 and 2014 with other staff that received training in 2012 were to receive refresher training.

The provider had put in place a staff member in Carriglea Cairde services as a designated person to deal with any allegations of abuse. One of the inspectors spoke to the designated person that was based in Carriglea residential services. 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 inspectors spoke confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere that mainly emanated from the easy dialogue between residents in their interactions with staff. The inspectors were 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 inspectors saw that staff had received training on dealing with behaviours that challenge. From a selection of personal plans viewed by the inspectors they noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

There was evidence available with regard to risk assessing in line with best practice any resident that required the use of restraint. The personal plans detailed the use of restraint, the time the restraint was put on and when released and detailed the supervision and observation of a resident while restraint was in use. There was evidence that other options had been considered for these residents and minimal restraint was in use in the centre.

There was a policy in place regarding resident’s personal property and possessions. Inspectors 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.

### Outcome 11. Healthcare Needs

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

**Theme:**
Health and Development

**Judgement:**
Compliant

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There was a GP who was contracted to provide a regular service to the residents. Inspectors saw that residents had timely access to GP services and staff confirmed that out-of-hour services were adequate and responsive. Review of residents’ medical notes showed that medical staff visited and reviewed all residents regularly. Psychiatry and psychology services were available as required and there was a social worker in the centre 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. The inspectors met the physiotherapist who attends the residents two days per week and carries out mobility assessments and various stretching and
specific physiotherapy programmes with the residents.

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. Inspectors 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. Inspectors 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 wellbeing assessments, epilepsy nursing assessment, falls assessments, resident related hazard assessment, eating and drinking assessment. Inspectors 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’. Inspectors were satisfied that facilities were in place so that each resident’s wellbeing and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care.

On the first day of the inspection the funeral took place of one of the residents who had lived in the centre for numerous years. The majority of residents and staff all attended the funeral and spoke to the inspectors of their sad loss. The inspectors saw that the whole process of end of life care and paying their respects to residents was completed in a very sensitive and dignified manner. The inspectors saw the staff and residents lining the avenue of the centre when the funeral cars passed by and a number of residents and staff attended the burial the following day.

The inspectors met the catering manager who demonstrated a great knowledge of the residents likes, dislikes and special diets. She confirmed that this was all communicated to the kitchen via a planner system from each house. Inspectors were informed and saw that residents’ choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff who spoke to the inspectors stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that picture information charts were used to assist some residents in making a choice in relation to their meal options. Inspectors were informed that residents’ meals were prepared in the main kitchen on site and delivered in insulated food trolleys.

The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good. Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner. Other residents were seen to be involved in the setting of tables.
and the preparations for mealtimes. Inspectors viewed the policy and guidelines for the
monitoring and documentation of residents’ nutritional intake and noted that residents’
weights were checked regularly and weight records were maintained. Appropriate
referrals for dietetic and speech and language reviews were made, the outcome of
which was recorded in the residents’ personal plans. Many of the residents were seen to
have nutritional plans and swallow plans as required.

The inspector observed that residents had access to drinking water at all times. Jugs of
drinking water and glasses were present.

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
There were centre-specific medication management policies and procedures in place
which were viewed by the inspectors, the person in charge told inspectors they were for
further review and updating.

Inspectors noted that a copy of Bord Altranais agus Cnáimhseachais na hÉireann
medication guidelines was available. Nursing staff who spoke to the inspectors
demonstrated an understanding of appropriate medication management and adherence
to professional guidelines and regulatory requirements. Residents’ medication was
stored and secured in the nurses’ office and the medication keys were held by the staff
nurse on duty. 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
maximum amount for PRN medication to be administered within 24 hour period was
stated on all of drug charts reviewed. The signature of the GP was in place for each
drug prescribed in the sample of drug charts examined.

The inspectors did not see any residents that required their medications to be crushed
and the staff informed the inspectors 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.
Inspectors saw that the medication was dispensed from the local pharmacy for each resident. Some houses had medication supplied in a blister pack system and other houses had boxes of medications and dispensed medications in the traditional method. The inspectors saw that references and resources were readily 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 supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. However the staff said these were only checked once a day and not at the changeover of shifts as required by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives on medication management.

Although in one of the houses one of the nurses had commenced medication audits there was no evidence available that medication management audits were being completed in other houses by either staff or the pharmacist. The inspector recommends that regular audit and updated training in medication management would establish review and processes to evaluate the use of medication policies and protocols as part of quality care provision and risk management programmes.

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

Judgement:
Non Compliant - Minor

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that governance arrangements were satisfactory. Carriglea residential services is managed by a board of directors who 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 a 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 with the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre. There was evidence that the person in charge had a commitment to her own continued professional development and had completed a degree in nursing and a diploma in management and a number of other relevant courses.

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 had and adequate 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. Inspectors saw that there was a copy of the National Standards and the Regulations were available to staff in each house along with other relevant documentation.

Inspectors 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 inspectors 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 there are a number of CNM's who take responsibility for a number of the houses and there is a further clinical nurse manager responsible for night duty.

Staff who spoke with the inspectors had not received any formal support or performance management in relation to their performance of their duties or personal development which is a requirement of the regulations. The person in charge and the human resources manager confirmed that they had completed a policy and a process for the introduction of an appraisal system which they planned to roll out training for relevant managers. However no staff had received an appraisal to date.

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

### 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

**Judgement:**
Non Compliant - Moderate
Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a centre-specific policy on recruitment and selection of staff. The person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. The inspectors met numerous staff who had worked in the centre for over ten years and one over 30 years. There was evidence that new staff received a comprehensive induction programme.

The inspectors were satisfied that the numbers and skill mix of staff available during the inspection was appropriate to meet resident’s needs during the day and rostered adequately at night.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centred plans seen by the inspectors. Residents spoke very positively about staff saying they were caring and looked after them.

As discussed in previous outcomes based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling. Training records confirmed that a number of staff had received training in management of restraint, infection control, safety representatives course, training on person-centred plans, personal development relationships and sexuality, management of behaviour that challenges, nutrition and medication management. The human resource manager explained that they want to further establish staff training requirements through a training needs analysis lined to an appraisal system to support staff in the delivery of evidence-based care. A large number of the care staff had under taken a Further Education Training Awards Council (FETAC) level 5 qualification in healthcare.

Inspectors reviewed a sample of staff files and noted that most 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. However, not all staff files reviewed contained two written references. The human resources manager explained that they had phoned for references and documented them on their own reference form. The verification of written references by obtaining a verbal reference is seen as best practice but two written references need to be in place as is a requirement of regulations.

In addition to the structured hand over meeting with staff each morning there was also evidence that formal staff meetings were held on a regular basis and the minutes were kept of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider's response to inspection report

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<td>Date of inspection:</td>
<td>5 March 2014</td>
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<td>Date of response:</td>
<td>23 April 2014</td>
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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.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In the sample of plans reviewed there were some inconsistencies in relation to documentation of residents’ involvement in the development of their personal plans. It was also unclear if family members were involved in this process this required to be developed further to demonstrate involvement in the assessment and planning of care.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. The Service will review of the policy on person centred planning to strengthen collaboration between service users family and staff.
2. The Service will introduce a family support plan to outline service users’ wishes regarding family involvement and agreed arrangements to support this involvement.
3. The Service will strengthen the existing three monthly person centred plan evaluation process to ensure that the service user and family member involvement is continuously recorded.
4. The Service will provide further training to staff on the circle of support.

The review of the policy and the introduction of the family support plan will be implemented by 31/07/2014. Training will be provided to frontline staff over the next six months commencing May 2014 to reinforce the above practices.

Proposed Timescale: 31/07/2014

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:
All bedrooms had hand washing sinks available except for two bedrooms in the lodge which shared a bathroom further down the hall. In this area staff were not facilitated to abide by best practice in relation to infection control when attending to these residents hygiene needs.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
The Lodge Residential setting is scheduled to close in 2014 following the commencement of residential services from a new purpose built location based in Middle-Quarter Dungarvan. The new setting will deliver the infrastructure including en-suite bedrooms for all residents to ensure best practise in relation to infection control when attending to residents hygiene requirements. In the interim the Services will introduce further hand hygiene facilities and training in the Lodge residential setting. Interim Timescale 31/05/2014. Relocation to new development subject to approval by the Health Information Quality Authority 30/09/2014.

Proposed Timescale: 30/09/2014
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Training records confirmed that fire training was held on various dates in 2013 and 2014 with further dates booked for April 2014. However there were a number of staff that had not received fire training since 2007, 2009 and 2011. This does not meet the requirements of legislation.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**Please state the actions you have taken or are planning to take:**
Fire safety training is scheduled on the following dates 19th May 2014, all staff that have not received training since 2007, 2009 and 2011 will be prioritised with the exception of staff on long term sick leave. Person in charge will ensure staff are released and committed to attend. All staff to have training updated by 31/07/2014.

**Proposed Timescale:** 31/07/2014

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**Outcome 12. Medication Management**

**Theme: Health and Development**

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. However the staff said these were only checked once a day and not at the changeover of shifts as required by An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives on medication management.

**Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
Practise of once a day checking controlled drugs changed with immediate effect. Policy and procedure on medication management to be updated to include the additional control that at the changeover of shifts, that a nurse from each shift should complete the count of scheduled drugs. Medication management policy will be updated by 30/06/2014.

**Proposed Timescale:** 30/06/2014
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:
Staff who spoke with the inspector had not received any formal support or performance management in relation to their performance of their duties or personal development which is a requirement of the Regulations. The person in charge and the human resources manager confirmed that they had completed a policy and a process for the introduction of an appraisal system which they planned to roll out training for relevant managers. However no staff had received an appraisal to date.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Performance appraisal training will be delivered to all line managers on 01/05/2014. The roll out of performance appraisal for all members of staff throughout the designated centre will then commence on a phased basis with a timescale to completion for all members of staff. Performance appraisal training for managers completed by 01/05/2014 and completion of performance appraisal with all staff within the designated centre achieved by 30/09/2014.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed a sample of staff files and noted that most 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. However, not all staff files reviewed contained two written references. The human resources manager explained that they had phoned for references and documented them on their own reference form. The verification of written references by obtaining a verbal reference is seen as best practice but two written references need to be in place as is a requirement of regulations.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.
Please state the actions you have taken or are planning to take:
The service has written to all the referees that individual employees have provided to the service. Letters to referees posted on 17/04/2014. The service will review the level of response on 16/05/2014. Follow up in relation to responses will commence with effect from 16/05/2014.

**Proposed Timescale:** 16/05/2014  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The inspector viewed training records which showed that although the majority of staff had received training in moving and handling there were a number of staff who had not received training since 2009 and 2010. This mandatory training is a requirement of legislation.

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Manual handling and patient lifting training is scheduled for 21/05/2014 and 28/05/2014. Staff who have not received training will be prioritised with the exception of staff on long term sick leave. Person in charge will ensure staff are released and committed to attend.

**Proposed Timescale:** 31/07/2014