<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Carriglea Cairde Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002085</td>
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<td>Centre county:</td>
<td>Waterford</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Carriglea Cairde Services</td>
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<tr>
<td>Provider Nominee:</td>
<td>Vincent O'Flynn</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Meiread Harrington Day 2</td>
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<tr>
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<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This 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**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>30 September 2014 09:15</td>
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<tr>
<td>01 October 2014 09:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was a registration inspection of a respite house 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.

As part of the inspection the inspectors met with residents, the nominated provider,
the person in charge, clinical nurse managers and social care staff. Throughout the
inspection inspectors observed practices and reviewed documentation which included
residents records, policies and procedures in relation to the centre, medication
management, accidents and incidents, complaints, health and safety documentation
and staff files.

The centre provides residential respite care for five adults with a mild/moderate
intellectual disability at any one time. Residents are all aged over 18 years. There is
no upper age limit; however, residents are offered breaks in age appropriate groups.
The service is provided for both males and females and generally groups consist of
either all male or all female participants.

The respite service as outlined in the statement of purpose aims to support service
users and their families by providing pre-arranged residential breaks for service users
who live with family members. Respite breaks are planned to be a positive
experience for both the carer and the resident and breaks can be of one night
duration or up to seven nights.

The person in charge works full time and has responsibility for the respite house,
residential community houses and two community day services. She was seen to be
very involved in the day-to-day running of the respite service and was responsibility
for the management of the house which included staffing and budgetary
management. Staff and residents informed inspectors that the person in charge was
accessible to residents, relatives and staff. There was evidence of individual
residents’ needs being met and the staff supported and encouraged residents to
maintain their independence where possible. All of the residents come in from home
for respite care so community and family involvement was evident and encouraged
as observed by inspectors. 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.

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 inspectors observed evidence of good practice during the
inspection and were satisfied that residents received a good standard of social care.

Improvements were required in the evidence of multidisciplinary involvement in
residents care, in the management of residents finances and residents self
medication.

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:

- Improvements in the management of residents finances
- Involvement of multidisciplinary team
- Ensuring the protection of residents privacy and dignity and displaying of the complaints procedure.
- Assessment for self medicating
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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 centre generally catered for residents with low to medium dependency needs so residents were generally independent in many day to day activities and only needed a low level support from staff. Residents with whom inspectors spoke stated that they felt safe and spoke positively about their care and their stay in the respite centre. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. 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 generally on the first night of admission for respite. These meetings could take place a number of times a week as some residents are only in for different number of nights and new residents come in at different times. Minutes of these meetings were seen by the inspectors and they were found to be comprehensive. The person in charge said they have recently introduced a set agenda for the meetings that outlined all residents needed to be made aware of for their stay. The minutes demonstrated that residents had plenty of choice in that they chose what meals they wanted, when they wanted to eat out, what social activities they wished to take part in and what trips out they wanted to go on.

Residents who spoke to the inspectors stated that they were happy and enjoyed coming into the centre for respite and saw it as their holiday and looked forward to coming in.

The person in charge told inspectors that sometimes they got feedback from residents’ families on respite questionnaires they sent out to families for them to identify when respite was required. She was aware of the need to formalise the feedback process and
ensure that all views are requested and are used to assist in the planning of the operation of the centre going forward.

The inspectors were informed that should residents wish to receive visitors while availing of a respite break, space within the house was provided for them to do so in private if they required. The inspector saw that there were plenty of rooms available. There was an open visiting policy where visitors were welcome to visit the residents at any time. The inspector saw that residents all had their own bedrooms and en suite bathrooms were available. However two of the bedrooms had a shared en-suite bathroom. Access to the shared en-suite bathroom was via sliding doors from each of the bedrooms but neither of the doors were lockable therefore resident’s privacy and dignity was not able to be maintained. The person in charge and provider were aware of this and had completed a risk assessment on same and had decided not to admit a resident into one of the rooms until the issue was addressed.

The complaints procedure was viewed by the inspectors and was found to meet the requirements of the regulations. However although there was an easy read complaints procedure in place this was seen on the table with a lot of other documentation in the entrance to the building and it was not displayed in a prominent position in the centre as required by the legislation. The procedure identified the person in charge and two other senior staff as the complaints officers for the service and there was an independent appeals procedure.

The staff informed the inspectors that training in the use of the complaints procedure is provided through day services and that they inform residents about the complaints procedure during residents meetings so that all feedback from residents may be documented and brought to the attention of management. Copies of the Comments and Complaints form ‘Having Your Say’ were available in the house. There was a new complaints log in the house to record any complaints and the action taken to address such complaints. If the resident required independent support to make a complaint, there was a picture and details of an independent advocate clearly displayed on the wall in the dining area of the centre.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. As residents were generally only in for a short period of time they did not tend to bring in too many personal possessions with them.

Judgment:
Non Compliant - Moderate

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, and radio. There was a comprehensive communication policy seen by the inspectors and some of the staff were trained in communication techniques such as Lamh and Picture Enhanced Communication Systems (PECS) to aid communication. Staff who spoke to the inspectors demonstrated awareness of 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, inspectors noted that individual communication requirements had been highlighted in personal plans and were also reflected in practice. The three residents the inspector met had very good communication skills and were able to communicate verbally with the staff and inspectors.

The residents guide and numerous notices were seen around the centre. There was a notice board in the dining area which contained a picture of the staff on duty. Pictures were also used to aid communication for menus and other areas. The inspectors saw that other relevant information was also available to residents in an accessible format. From talking to residents and staff the inspectors were satisfied that good communication took place in the centre.

**Judgment:**
Compliant

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**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:**
As outlined previously there was an open visiting policy where visitors were welcome to visit at different times and contact was kept with families via the telephone.

The inspectors saw that residents are supported to develop and maintain personal relationships and links with the wider community and as residents live at home families are fully involved in the lives of residents. Some residents made regular phone calls to relatives when residing in the centre and residents told the inspector that the phone calls were very important to them to keep in touch with family.

The inspectors saw that relatives were updated as required in relation to residents’ progress. Prior to the resident coming into the service there is contact and communication with the family in relation to the residents needs and there is a communication with the families at the end of the respite break. There is a family
support plan in each resident’s file which was seen by the inspector.

A number of the residents would request to have respite at the time their friends are receiving respite so that they can enjoy the social aspects of care and friendship together.

**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:**
Full details in relating to admissions were set out in the services policy and procedures for admissions, transfer and discharge which was seen by the inspector.

Referrals for admission to the service were also set out in the statement of purpose which stated that admissions are managed in a fair and transparent manner. 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). Admissions are decided in co-operation with the HSE Disability team.

Once a person has been approved by the Admissions Committee to be eligible to receive respite services, requests for respite services are directed to the senior services manager.

Prospective users of the service are invited to visit the facility prior to availing of a respite service. Arrangement can be made to introduce new applicants to the service by invitation to join a group for an agreed short period for example to join a group for a meal or a social outing. Arrangements are made for the applicant to have a number of introductory visits to the service. Once the applicant has been successfully introduced to the service, they will be included in the list to receive planned respite breaks. Evidence of this was seen in residents’ personal plans.

When a placement has been offered, admissions are planned in conjunction with the person and his/her family. However, in exceptional circumstances, an emergency admission may be facilitated. In such circumstances, the services will work with all interested parties to provide the required service in a safe and appropriate manner with due consideration being given to the needs of the applicant and the needs of other service users.
The person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently receiving respite in the centre.

The inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residing in the centre. The service agreement did detail the support, care and welfare of the resident and details of the services to be provided for that resident. It was noted by the inspectors that the fee per night was outlined and it did include what was included in this fee and what was excluded from the fee.

**Judgment:**
Compliant

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### 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

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

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

**Findings:**

The respite house is in the middle of residential area in Dungarvan. As the residents are living at home and only avail of the respite service infrequently they told the inspectors they very much enjoy the social aspects of care when on respite and to go out socially with their friends and peers.

During the period of the respite break, residents are facilitated to engage in social activities, hobbies and leisure interests. Residents were consulted with individually and as a group, in relation to their interests and wishes and participation in these activities is facilitated is as far as possible.

The inspectors saw that each resident’s personal plan reflected their individual wishes regarding social activities. The activities offered each week are also reflective of the wishes of the particular group availing of respite at that time. The residents are facilitated to have a meeting at the commencement of their break to decide what activities they would like to plan for the week. Evidence of this was seen in the residents meeting book. Staff encouraged residents to engage in activities of their choice within their local community and transport is provided to facilitate same. The costs of social outings such as visits to the cinema or theatre are covered by the resident’s personal funds.
Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out, and about dining out and going into town.

The inspectors reviewed a selection of personal plans which were personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. As the residents lived at home with their families access to interdisciplinary team involvement in residents' care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was done by their families. 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 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 some residents’ personal plan that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings however this was generally facilitated through the day service. Key workers were allocated through day services who liaised with the respite care staff.

The staff had introduced a family support plan which was seen in residents’ files and ensured ongoing involvement of families.

**Judgment:**
Compliant

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**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 is a purpose built bungalow located in a residential area in Dungarvan. The house was built in 2009. It is wheelchair accessible and can accommodate up to five residents. Those who avail of the respite service attend day services outside of the residence from 9 am to 4 pm Monday to Friday.

All residents have a single bedroom and three bed-rooms have an en-suite shower and toilet facilities and two rooms share a bathroom. The bedrooms were seen by the inspectors to be large and were fully furnished to a good standard and provided ample storage for clothing and personal belongings. The person in charge said residents were welcome to bring in smaller articles of furnishings in order to personalise their rooms for the duration of their stay if they wished.
There was ample communal accommodation which included a sitting room, a kitchen/dining area, a games room and a second sitting/quiet room for residents use.

The centre was found to be very clean and well maintained. Laundry facilities were provided within the premise and were adequate. Staff said currently laundry is generally completed by staff but residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the current laundry system and confirmed that their own clothes were returned to them in good condition.

As the residents tended to be mostly independent, specialist equipment for use by residents or people who worked in the centre was not required.

There was ample private car-parking space and the centre has a front and rear garden which resident could access easily. The perimeter is protected by electric gates and CCTV surveillance. Transport is provided by the service to assist residents in accessing work, education and recreational opportunities.

**Judgment:**
Compliant

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**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:**
The house was built to high standards and included all the requirements of fire safety including fire doors, emergency lighting and fire alarm. 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 displayed. The inspector viewed records which confirmed that regular fire drills took place with two drills took place in September 2014 and these recorded the response of the resident during the fire drills. 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 and fire alarm April 2014. However there was no centre specific certification of the testing of fire equipment. 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 however the inspector did see the date of last check written on the fire fighting equipment.
There were fire safety check-lists seen which identified which residents were present in the centre at that time and emergency contact details were seen displayed in the
hallway. 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 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.

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 fire safety, any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

There was a recently updated risk management and risk assessment policy in place that met the requirements of legislation and the risk registrar included the precautions to be in place to control the following specified risks:

- absence of residents
- accidental injury to residents or staff
- aggression and violence
- and self-harm

The environment of the house 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 and residents had received training in hand hygiene and in cough etiquette. 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:**
Compliant

**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. The designated person to deal with any allegations of abuse works in the community service as a CNM. The inspectors spoke to the designated person during the 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 receive d from staff. The inspector noted a positive, respectful and homely atmosphere and saw easy dialog 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.

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.

Inspectors saw that residents had easy access to personal monies and generally could spend it in accordance with their wishes. However the inspector found that the systems
in place to record and safeguard residents’ finances were not sufficiently robust. Residents’ money was signed in on admission and maintained for safekeeping. The inspector viewed the records maintained and saw that a number of transactions made were not signed for by staff or residents. Written receipts were retained for all purchases made on residents’ behalf but these receipts were returned home with the resident and no copies are kept to ensure an effective auditing of the system by the person in charge. There were no ongoing checks and balancing of the residents accounts and no double checking except for a final balance and money returned to the resident at the end of the respite stay. Overall the inspectors formed the opinion that the system in place was not sufficiently robust to ensure residents’ financial arrangements were safeguarded through appropriate practices and record keeping.

**Judgment:**
Non Compliant - Minor

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**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 person in charge outlined the arrangements to ensure that a written report was provided to the Authority following any notifiable incident and at the end of each quarter period of any occurrence in the centre of any incident as required.

The authority had received all notifications in a timely manner as required by legislation

**Judgment:**
Compliant

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**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. Some residents to whom 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 inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents.

Residents outlined to the inspectors 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 pubs.

The person in charge informed the inspectors that the various day services within Carriglea Cáirde Services provide education and training in areas such as computer skills, horticulture skills advocacy and relationship skills, and other life skills. There services are maintained while participants are availing of respite services.

The service has a transition to work team which sources external work placements to match the requests of residents 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.

While responsibility for the provision of education, training and employment opportunities rests primarily with the day service provider, staff of the respite service liaise and work with staff of the day services to ensure continuity of training or work arrangements during the respite break. The inspectors visited the day service during the inspection and saw the residents fully participating there. They also saw certification of training in residents personal plans.

**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 inspectors saw that as residents all lived at home with their families’ access to interdisciplinary team involvement in residents’ care including, medical and General Practitioner (GP), speech and language, dentist and chiropody services was generally done by their families.
Inspectors viewed the files of the residents. Personal plans were written on admission with information from parents on and prior to admission. Following admission some assessments were carried out and personal plans were put in place. However, the inspectors found that these were not comprehensive personal plans for medical needs as staff did not have evidence of any referrals or recommendations of specialist assessments carried out by other professionals as reported to them by parents. Copies of these assessments or medical reviews were not maintained on the resident’s files and there was no evidence of multidisciplinary input in the personal plans.

Improvements were required in pre-admission assessments and in the development of comprehensive personal plans which include involvement of the GP and multidisciplinary team.

The person in charge and staff said that if there was a medical issue in the centre staff would accompany them to appointments and assisted in collecting the prescription as required if family were unable to do so. Out of hours services were provided by the local doctor on call service who attended the resident in the centre if necessary.

The inspectors saw that residents were fully involved in the menu planning. Residents’ meetings were held at the start of the respite break with the residents to plan out the meals for the week. The staff demonstrated an in-depth knowledge of the residents likes and dislikes. The food was seen to be nutritious with adequate portions and the staff encouraged healthy eating. Residents to whom inspectors 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 during their respite stay.

The residents where possible assisted in the food preparation and in the cleaning away afterwards and inspectors observed that residents had access to fresh drinking water at all times.

**Judgment:**
Non Compliant - Moderate

### 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 dated which were viewed by the inspectors and found to be comprehensive. Inspectors saw that the residents own GP prescribes all residents medication and this is obtained from the residents’ local pharmacist for each resident and sent in with the resident on admission by the family. Medication was stored in a locked cupboard and counted and
documented on admission by staff. Medication that is returned home is also counted and documented by staff as number and type of medication returned.

Non nursing staff had undergone two days training on safe medication administration and are assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. There was no resident on regular medication that staff were administrating at the time of the inspection and one resident was on as required mediation. Staff demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. The staff said they would contact a member of nursing staff if they ever had a query in relation to medication.

Residents’ medication were stored and secured in a locked medication trolley. 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. One resident was self administrating nasal sprays as he did at home and these were stored in a locked cupboard in his room. However there was no assessment completed on his ability to self medicate which is required by best practice guidelines.

There were no residents that required scheduled controlled drugs at the time of the inspection.

Judgment:
Non Compliant - Minor

### 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 inspectors. 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. The inspector noted that there was a copy of the Statement of Purpose available in the house.
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 is the senior services manager and works full-time and is a registered nurse intellectual disability and a registered general nurse. She has 23 years experience working in a nursing role in services for people with disabilities and in general nursing of which 10 years are in a management role. She holds a diploma in nursing and is currently undertaking a management qualification.

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 CNM1 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. He had completed 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 as required by the regulations. A copy of this report was given to the inspector and found to be comprehensive. The inspector saw that there was also 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:**
Compliant

**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, a CNM covers for the person in charge when she is away and is supported by the nominated provider. There is also a second CNM who is fully involved in the management of the service and is also available to act up if required.

**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 inspectors formed the opinion that the centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose. The premises were new and furnished and maintained to a high standard.

There is an annual budget for the centre which is reviewed on a monthly and then annual basis. The 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 respite service is not resourced to be open every week but as the demand for respite increases the provider told the inspector they would be applying for increase resources to enable them to provide more respite services.

The inspectors noted that there was accessible transport services provided for residents and that residents were regularly transported to different venues including social occasions as required.

**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. Inspectors observed that residents were familiar with staff, and staffs pictures were on the notice board in the dining area to inform them of who was on duty. Residents spoke very positively about staff saying they were caring and looked after them very well. The inspectors spoke to staff on duty during the inspection, staff appeared to be competent and were aware of their roles and responsibilities. Staff in the centre generally worked alone but stated they felt well supported by the person in charge and they could contact a senior manager on call at all times that they can call for advise or assistance. The staff said they kept contact with other houses in the community and residents often met up with their friends over the weekend and staff had other staff to liaise with. One of the management team worked on a Saturday so were available to meet and support the staff as required. There was a policy on recruitment and selection of staff and there was evidence of effective recruitment procedures and a comprehensive induction procedure. Inspectors 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.

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. Inspectors 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. All staff that worked in the respite house were social care workers who held a degree in social studies or were registered nurses. Further education and training completed by staff included food safety, first aid, risk management, person centred training, records management, health and safety and hand-washing.

The inspectors noted that staff meetings took place fortnightly 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 person in charge or CNM’s formally met with each staff member and staff 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 inspectors spoke demonstrated an understanding of specific polices such as medication policy and managing allegations of adult abuse in practice. In relation to residents records such records were generally complete and up to date.

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

The inspector found that records were 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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Carriglea Cairde Services</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0002085</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 September 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 October 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Access to a shared en suite bathroom was via sliding doors from each of the bedrooms but neither of the doors were lockable therefore resident’s privacy and dignity was not able to be maintained.

Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A relevant person will be engaged to draw up plans for the shared bathroom to be divided so that two en-suite WC/shower facilities will be provided to each of the bedrooms. In the interim only one of the two rooms will be used.

Proposed Timescale: 31/05/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not prominently displayed in the centre.

Action Required:
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

Please state the actions you have taken or are planning to take:
The ‘Having Your Say’ leaflet will be displayed on the notice board as well as in the hallway. An easy-read poster showing the identity/photographs of the complaints officer will also be displayed.

Proposed Timescale: 30/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The systems in place to record and safeguard residents’ finances were not sufficiently robust.

Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The current log book system will be replaced by a new form for the purpose of recording service user’s money which is handed over to staff. This will be signed for by the staff member and the service user. All transactions will be recorded and signed for and any remaining funds will be handed back at the end of the respite break and signed for by the staff member and the service user. All receipts for items purchased by service users will be signed and photocopied. The original will be given to the service user to take home and the copy will be retained in the services. A money management
competency assessment will be undertaken with any service users who wishes to retain control of his/her own money an a locked box or press will be provided in each be-room so that any personal monies so retained can be kept safe.

**Proposed Timescale:** 21/11/2014

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in pre-admission assessments and in the development of comprehensive personal plans which include involvement of the GP and multi disciplinary team.

**Action Required:**
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident’s personal plan.

**Please state the actions you have taken or are planning to take:**
We will liaise with families to explain the importance of a comprehensive pre-admission assessment of health-care needs which includes involvement of the GP and multi-disciplinary team. Also, we will work with families to ensure that a robust system is maintained whereby the service receives up-to-date medical information in relation to the service user in advance of each admission to the respite facility.

**Proposed Timescale:** 01/12/2014

### 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:
There was no risk assessment or assessment of capacity undertaken for a resident who self medicated in the centre as he does at home.

**Action Required:**
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

**Please state the actions you have taken or are planning to take:**
If a service user, in accordance with his/her preferences, wishes to self-medicate, a risk assessment and capacity assessment will be undertaken.

In cases where a service user wishes to self-medicate, a risk assessment and capacity
assessment will be undertaken to provide for the safety of the service users himself/herself and also other service users whose safety may be impacted upon.

**Proposed Timescale:** 01/12/2014