<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carriglea Residential Service</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003509</td>
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<td>Registered provider:</td>
<td>Carriglea Cáirde Services</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Noelene Dowling</td>
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<tr>
<td>Support inspector(s):</td>
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<td>Number of vacancies on the date of inspection:</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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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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>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 13: Statement of Purpose</td>
<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

Background to the inspection:

This was the 4th inspection and second registration inspection of this centre which is under the auspices of an organisation which has a number of designated centres in the region. This was an announced inspection to inform the decision of the Chief Inspector following the provider’s application to re-register the centre. All documentation required for the purposes of the registration were submitted in a timely manner.

The providers other services have achieved registration with no restrictive conditions applied and there have been no grounds for escalation in relation to this provider.

How we gathered the evidence:

This was an announced inspection and took place over two days. The inspector met with 14 residents and spoke with five. Some residents allowed the inspector to observe their routines. The inspector also reviewed 12 questionnaires completed by family members and those completed by or on behalf of residents.
Residents who could communicate told the inspector they felt safe in the centre, they enjoyed their various activities and crafts and showed the inspector some of their craft work. They said the staff and managers looked after them very well and they went to a lot of different places during the day. Relatives’ questionnaires were very positive and complimentary in regard to how diligent the staff were in supporting the residents and how they were involved in all decisions.

Nine of the outcomes were inspected against and the 4 actions required following the monitoring inspection in 2016 were also reviewed. These actions had been satisfactorily resolved.

The inspector also met with staff members, the person in charge and the provider nominee.

Description of the Service:
This centre is designed and registered to provide long-term care and 4 respite places for up to 38 adult residents, male and female of moderate to severe intellectual disability, age and mental health needs mental health and challenging behaviours.

The long-term residents are admitted primarily from the organisation's community services when their care needs indicate that they require additional clinical and staff support. The units are configured in a manner to support compatibility of residents and their needs.

The centre is comprised of 6 individual houses located five miles from a coastal town on a large well maintained site which also incorporates several day services which the residents use. There is a swimming pool on the grounds.

The centre is in a process of transition and the provider has demonstrated a commitment to meeting the residents' changing needs with strategic planning. The number of beds has been incrementally decreasing in each unit. Further plans were outlined for this which include the relocation of the respite beds to a dedicated unit already in operation; the removal of one two-bedded unit to another designed centre and changes to the configuration of the older persons units to support long term care needs. The care delivered was in accordance with the statement of purpose.

Suitable high support individualised day services are provided.

Overall judgement of our findings:

This inspection found good levels of compliance with the regulations which would promote positive outcomes for the residents, Good practice was observed in the following areas;
• governance systems were effective and robust (outcome 14)
• residents had good access to healthcare and multidisciplinary specialists and good personal planning systems were evident (outcome 5)
• residents social care needs were well supported (outcome 5)
• safeguarding systems were effective and pertinent to the identified need
• risk management systems were effective and proportionate (outcome 7)
• medicine management systems were safe (outcome 12)
• numbers and skill mix of staff were suitable which provided continuity and good care for the residents (outcome 17)

Some improvements were required in the following areas;
• A review of some of the restrictive practices in place was necessary to ensure they remain necessary and that alternatives had been considered
• A number of doors required review to ensure they provided effective containment for fire
• Access to suitable activities or therapeutic day-to-day supports required review for some residents.
• One of the units would not meet the changing needs of the residents into the future and arrangements for the use of this unit required review.

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
### 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):

The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:

The inspector found that systems to protect and promote residents rights were in place. They had choices in their daily lives and they and their representatives were consulted in regard to their living arrangements, plans and supports needed. Their preferences for the minute detail of their daily routines were fully respected including the time and place they had breakfast, when and how they had personal care undertaken, if they wanted to stay in bed or not go to activities. These wishes were facilitated spontaneously on a day-to-day basis. There was consideration shown to the age and health of the residents. A resident showed the inspector the bedroom she had chosen and the choice of colours and furnishings which were being planned.

In most instances the inspector saw that residents had control over their numerous personal and important possessions. This was in some instances subject to risk assessment and therefore was limited in some instances by virtue of risk. The inspector observed that in all units residents dignity was protected if they could not do so themselves. Staff were observed to be considerate and respectful in all of their interactions with residents.

Staff acted on behalf of individual residents in terms of their living arrangements or the impact of others on them. An external independent was sought and was regularly supporting a resident with decision making. An advocacy group was available with the organisation which examined issues which may impact on the rights of residents. The provider was acting as informal guardian for a number of residents. The inspector reviewed the policy and the details of decision making in regards to this. There was good practice evident with multidisciplinary and social work oversight and review of all...
decisions made on the resident’s behalf. The representative of the provider regularly visited these residents to ascertain their welfare. Complaints were seen to be managed transparently.

**Judgment:**
Compliant

**Outcome 05: Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Good practice was found in systems to identify and respond to the complexity of residents overall needs.
Access to and review by multidisciplinary interventions was frequent and the provider also sourced private clinicians where this was necessary. There were comprehensive assessments of the residents health, psychosocial and mental health needs undertaken which informed residents care and personal plans. A significant number of residents has also had sensory assessments which the staff were in the process of implementing. These interventions greatly influenced the quality of the resident’s lives.
However, in one unit activities and access were seen to be somewhat limited due in part to the high support need and behaviour risks of the residents. This was despite the very high staffing ratios provided. It was also noted that the access to therapeutic activities in this unit were limited for some residents.
In general the process of review of residents care needs was frequent and thorough. There were regular multidisciplinary meetings and internal reviews held as required and as residents’ needs changed. Changing clinical needs were responded to promptly and the ongoing planning evident for the centre and the individual units demonstrated this. Social goals were also set such as holidays, increased access to external events, concerts, a train trip, all of which were being achieved.
At the time of the inspection transitions to other units/centre were underway and this was being managed carefully and at the residents pace.

The personal plans, including those for the small number of respite residents were very person-centred and demonstrated a good understanding of and support for the
residents across a range of domains including health, self care, communication, personal
relationships and community access, and behaviour support. The plans were very
detailed as required by the resident’s dependency levels and demonstrated that the
person in charge was aware of the need to monitor and support the changing needs of
the residents. This was also confirmed by the relatives questionnaires received.

While there were some gaps in the documentation of, for example, mobility support and
life-skill training, the inspector was satisfied from speaking with staff, and observation
that these were documentary deficits only. They were satisfactorily addressed during the
inspection. Residents were supported to be as independent as possible with activities of
daily living.
The personal plans reviewed demonstrated that there was a significant level of
consultation with the residents and their representatives as required by their needs.

Overall the resident's social care and day service needs were very well supported and
individually tailored. They were based on the resident’s preference and assessed needs.
They could attend day services as they wished for specific activities or have a rest at
home day at any time.
The day services were integral to the organisation and included sensory therapy,
physical activity, swimming, music therapy singing in the choir. A number of residents
were involved in the Special Olympics and had nights away. There was good
communication evident between these services and the centre which promoted
continuity of care.
There is a swimming pool on the grounds of the organisation which was used
frequently.

**Judgment:**
Substantially 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The actions required from the previous inspection in relation to suitability of the
accommodation in two units had been addressed by the provider. A large conservatory/
link corridor had been constructed between two units which gave both units additional
communal space. A bedroom had been converted into a large easily accessible shower
room with ceiling hoist. The additional space also allowed for one small bedroom to be decommissioned. A resident was planning to move into the larger bedroom.

The centre comprised of six individual units accommodating between two and ten residents. The total capacity is 38. One unit was not occupied at the time of the inspection and while currently part of this centre will, on completion of planned works be assigned to another of the providers designated centres.

Two units were designated for older persons with high physical support needs. While one of these was very comfortable, suitable and well laid out it contained three double bedrooms. One of these bedrooms is only used for respite purposes. They had suitable space and screening for privacy. However, the provider acknowledged that the capacity for 10 residents in this unit required review. To this end plans for the reduction in number of residents were outlined which will result in a total number of seven residents in this unit with all residents having their own bedroom. The respite function attached to the centre will be assigned to the dedicated respite unit once the funding for the additional respite hours has been agreed. That centre is already registered by HIQA.

A further unit for older persons was not suitable due primarily to its layout and the age of building. Toilets were at some distance from bedrooms, kitchen facilities were too far away from the main living area to allow sufficient staff supervision and support. Bedrooms while comfortable and very personalised were small and would not support the changing needs in to the future. The provider was also aware of this and making plans to address it.

In addition, the environment in one unit also required some additional features such as pictures/ fabric and decor to make it more homely and inviting taking the safety issues in this unit into account.

All units were suitably equipped for residents with good access and egress. All equipment, including suitable hoists specialised beds and seating were available. These were seen to be replaced promptly as needed. There was documentary evidence of servicing of these and vehicles the used. Additional vehicles had been purchased to ensure residents had good access to outside facilities.

The premises were homely and well maintained despite these deficits and resident’s bedrooms were cosy with comfortable furnishings and linens. Where this was not the case it was influenced by the resident’s behaviours and identified risk factors.

**Judgment:**
Substantially Compliant

**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):
No actions were required from the previous inspection.

Findings:
Since the previous inspection the provider had been incrementally upgrading the fire safety systems in accordance with revised national guidelines. The fire safety systems including doors and compartments had been fully upgraded in two units when an extension was built.

Another unit was scheduled to have all the current fire doors upgraded or replaced. However, it was observed that the conversion of the bathroom and installation of a ceiling hoist which spanned two bedrooms impacted on the fire doors effectiveness. Changes to the locks on some doors also impacted on the effectiveness of some of the fire doors and this required review by the provider.

Fire safety management systems were found to be good however, with equipment including the fire alarm, extinguishers and emergency lighting available and serviced as required. There were suitable and detailed evacuation plans available for all of residents, taking their need for support into account and regular fire drills were held. Staff had personal alarms to alert staff in other units in the event that additional supports were needed. There was a protocol in place for this.

Records showed that all staff had undergone fire safety training with a further scheduled in place. Manual handling / and patent transfer training was also up to date for all staff. Overall systems for identifying and responding to risk were found to be proportionate and pro-active to ensure residents safety.

There was a signed and current health and safety statement available. A significant safety audits were undertaken to ensure safety of the environment and individual issues pertinent to each resident were considered. There was a detailed emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be required. Emergency phone numbers were readily available to staff who confirmed this. The emergency plan had been reviewed for effectiveness following recent storms.

The risk management policy complied with the regulations with systems evident for learning from untoward events. These included prompt responses to individual incidents of behaviour, medicines errors, accidental injury, detailed audits of such incidents and remedial actions taken.

The risk register was detailed and identified pertinent risks including environmental, clinical and behavioural or safeguarding concerns with controls identified and in place. Each resident had a detailed risk assessment and management plan for pertinent risks including choking, falls or seizure activity and self harm. Staff were very familiar with these practices for the individual residents.

The policy on infection control and the disposal of sharps was detailed and implemented as required in this service.
**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The action and agreed strategy following the previous inspection had been satisfactorily resolved with evidence of prompt and thorough psychiatric and psychological review and behaviour support interventions for residents who required this.

The residents had complex needs based on age related illness, presenting challenging behaviours and mental health issues including aggression and self harm in what is a high support service. This presents particular challenges to the provider.

In one unit this has necessitated a significant use of a number of restrictive practices. These were implemented primarily, but not solely to protect residents from harm from their peers. These included code locks on some doors including bedroom doors, half doors and censor alarms. Residents were not locked into bedrooms but the locks prevent others gaining access.

In response to this the provider has made suitable alternative residential arrangements for a resident which will reduce some but not all of the restrictions. Other restrictions have been implemented for resident’s personal safety and these included environmental methods including locks on some windows and internal doors, restrictions on access to the kitchen areas, and bathrooms. Equipment and furnishings were secured.

The inspector acknowledges that the risks identified have both the potential to occur, have done so previously, and would have a significant harmful impact should they occur. A restrictive practices oversight committee has recently been formed. This includes clinicians.

However at this juncture, it was evident from the assessment documentation and speaking with staff that while the rational for the restrictions was apparent the actual systems used had not been re-evaluated for there continuing suitability; availability of alternatives; recording of the use and the impact on others.

In some instances the evidence of the need for the particular restrictions was not
defined. However, a recently implemented procedure was done with full adherence to the national guidelines, carefully monitored and was being trialled.

These restrictions did impact on the overall environment and on other residents, although all required some such supports for their own safety. This process had commenced.

However, there was a significant staffing resource available which ensured that the residents had access to individual attention and supports in order to mitigate the restrictions.

There were detailed behaviour support plans available which were frequently reviewed. The records available indicated that staff had training in the management of challenging behaviours. From the plans available and speaking with staff the inspector found that there was an understating of and empathy with the resident’s behaviour and need for support. Where medicine was used for the management of behaviours it was carefully monitored and reviewed internally and by the prescribing clinician.

The provider had a dedicated social work service and a suitably experienced designated officer appointed. From a review of notifications the inspector was satisfied that the provider acted responsibly and promptly where any concerns were raised in relation to staff practices. Records demonstrated that all current staff in the centre had received up to date training in the prevention of and response to abuse.

There were appropriate guidelines in place for the provision of intimate care and the management of resident’s finances was robust and carefully monitored.

**Judgment:**
Non Compliant - Moderate

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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):**
No actions were required from the previous inspection.

**Findings:**
A review of the accident and incident logs, resident’s records and notifications forwarded to the Authority demonstrated that the person in charge was in compliance with the requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.
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):**
No actions were required from the previous inspection.

**Findings:**
The residents had complex and changing healthcare needs and these were monitored and responded to promptly. A local general practitioner (GP) service was responsible for the healthcare of most residents and they were seen either at the day service or in the clinic. Records and interviews indicated that there was frequent, prompt and timely access to this service.

There was evidence from documents, interviews and observation that a range of allied health services was available and accessed promptly in accordance with the residents’ needs. These included occupational therapy, physiotherapy, and neurology, dietician and speech and language services. Psychiatric and psychological services were available internally. Chiropody, dentistry and opthalmatic reviews were also attended regularly.

Healthcare related treatments, interventions and plans were detailed and staff were aware of these. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine and specific health issues.

Nutrition and weights were also monitored. Main meals were prepared in a central kitchen and choices were available each day. The inspector saw that individual dietary requirements adhered to. Pictorial images were used to help residents decide where this was necessary.

The provider was committed to supporting residents at end of life and to allow them to pass away in their own home and did so since the previous inspection. There were sufficient clinical supports available with additional palliative care training to ensure residents comfort at this time.

**Judgment:**
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

**Theme:**
Health and Development

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

**Findings:**
The policy on the management of medicines was centre-specific and in line with legislation and guidelines. Systems as outlined for the receipt of, management, administration, storage and accounting for and return of medicines, including controlled medicines were found to be satisfactory.

The inspector saw evidence that medicines were reviewed and altered as necessary regularly by both the residents’ GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. Medicines audits were undertaken and any errors were noted promptly and remedial actions taken. There were detailed protocols in place for the administration of emergency medicine which was required. Staff administering medicines had the appropriate training and refresher training.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose had been forwarded and was complaint with the requirements of the regulations. Admissions services and care delivery are in accordance with this statement.

**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):
No actions were required from the previous inspection.

Findings:
The inspector found that the governance arrangements were suitable, effective and accountable to ensure the safe and effective delivery of care. The chief executive officers act as the representative of the provider under the auspices of the board of directors.
The senior management team consists of the person in charge/clinical lead, deputy person in charge, administrator/quality and standards manager, human resources manager, and a finance manager. There are social work and psychology services integral to the organisation.

The person in charge works full-time and is a registered nurse intellectual disability and a general nurse. She had significant experience working in services for people with disabilities with 15 years in a management role. It was apparent that the person in charge, and deputy, although responsible for two other centres was very familiar with the residents care needs and actively involved in oversight. The system is further supported by three unit managers with defined responsibilities for specific units. All roles were clearly defined and carried out effectively within the organisation.

Both the nominee and the person in charge continued to demonstrate their knowledge of their responsibilities under the Health Act.
There were robust systems for quality improvement, health and safety reviews and reviews of accidents and incidents. The managers meeting records demonstrated evidence of good auditing, analysis of practices and prompt remedial actions taken where necessary. This is further demonstrated by the prompt and effective actions in regard to safeguarding concerns and strategic planning for the changing needs of the residents.

Audits of adherence to the standards and regulations were undertaken for this centre. These were seen to be very detailed reviews of the environmental, clinical and personal care needs of the proposed residents. There were actions identified and evidence that these were addressed. The provider had undertaken the required unannounced inspections and a detailed and transparent annual review for 2016 was also available.
There were systems in place to elicit the views of residents and relatives including a
twice yearly open forum for relatives. The views expressed were seen to be very
favourable. The inspector was satisfied with the systems and oversight processes.

All of the legal documentation required for the purpose of registration had been
forwarded in a timely and complete manner.

**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):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that the skill mix and numbers of staff available were suitable to
meet the complex and varied needs of the residents. There was also evidence that the
provider was responsive to changing needs with ratios adjusted and 1 or 2 to 1 supports
available for a number of the residents. All residents required fulltime nursing care and
this was provided at all times. Ratios of between three and four staff were rostered in
each unit daily.

There was a commitment to ongoing training evident with records demonstrating that
mandatory training of fire safety safeguarding patient transfer, food hygiene, first aid
including management of choking incidents and the support of behaviour that
challenges evident. Staff also had additional clinical training in pertinent areas such as
catheter care, and palliative care where this was relevant.
A review of a sample of the personnel records showed evidence of good recruitment
procedures with all the required documentation procured prior to staff taking up post. A
number of long standing volunteers supported some residents with external activities.
There was a robust contract in relation to this and the records seen showed that also
had Garda Síochána vetting.

There was a detailed induction programme. The annual supervision records seen
indicated that the content was pertinent to the role and responsibility of each grade and
focused on residents care needs. There were frequent team meetings held in each unit.
and formal communication systems were evident to ensure consistency of care.

Staff were found and observed to be very knowledgeable of and diligent in addressing the residents’ needs, patient and respectful in supporting residents and of their own roles and responsibilities.

**Judgment:**
Compliant

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**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:**

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
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<td>Centre ID:</td>
<td>OSV-0003509</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 &amp; 31 January 2018</td>
</tr>
<tr>
<td>Date of response:</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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The social/therapeutic day-to-day care needs of a small number of residents required review.

1. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
The annual review for all residents of social/therapeutic day to day care needs is completed as part of the PCP review annually. Staff were advised since the inspection of the importance of completing activity recording sheets for all residents on a daily basis.
The PCP and annual review of social therapeutic day to day care needs is now completed for one resident in the high support home on 06/02/2018. MDT review of 2 other residents within the high support home completed on 07/03/2018.

Proposed Timescale: All residents in the high support home will have a comprehensive review of the timetable and adherence to the timetable for the provision of social/therapeutic day to day care needs completed by 30/04/2018.

Proposed Timescale: 30/04/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One premises was not laid out in a manner which was suitable to meet the changing needs of the residents.

Residents shared bedrooms in one unit.

2. Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The changing needs committee have developed an action plan to meet the changing needs of the residents, this plan which will be finalised by the management team and then forwarded to the authority will incorporate the suitability of premises and building infrastructure for residents for future changing needs. The plan is currently available in draft format.

Proposed Timescale: Action plan to be forwarded by 30/04/2018

Proposed Timescale: 30/04/2018
Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some fire doors were rendered ineffective due to alterations made to them and this required review by the provider.

3. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
The provider has linked with an engineer and plans are in place to have all necessary alterations and or replacements completed where required.

Proposed Timescale: All works to be completed by 31/05/2018

Proposed Timescale: 31/05/2018

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some of the restrictive procedures used required further overview to ensure:
• they were the least restrictive
• alternatives had been considered
• the use of them was carefully recorded and monitored.

4. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
When one resident transfers to alternative accommodation a comprehensive review of the existing restrictions will be completed by PIC, unit manager and MDT. Since the inspection there is a trial of a less restrictive alternative for one resident. There is improved documentation in relation to the recording and monitoring of use of restrictions.

Proposed Timescale: The resident will transfer by 14/04/2018 to a new designated centre.
A comprehensive review of restrictive procedures within the high support home will be completed by 30/04/2018
| Proposed Timescale: 30/04/2018 |