Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ormonde Square Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	20 August 2020
Centre ID:	OSV-0005697
Fieldwork ID:	MON-0029620

About the designated centre

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

The centre is designed to provide long-term care for two adults, currently male and female with intellectual disability and high support needs. The accommodation consists of two separate but interlinked apartments located in a small development of similar housing units. Suitable high support, individualized programs of care are provided for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 August 2020	11:30hrs to 17:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between inspectors and residents, staff and management took place in adherence with national guidance. There were two residents living in this centre and the inspector met with them both briefly on the day of the inspection. Both residents were receiving a twenty four hour, seven day a week service in the centre at the time of the inspection and each resident had the use of their own self contained apartment. Residents had access to a suitable vehicle to facilitate activities in line with their wishes.

The centre was located in a quiet residential area, close to a town centre and within walking distance of many local amenities. On arrival to the centre, the inspector saw one resident was preparing to walk to the local shop in the company of a staff member. Later on, a little after their return, the inspector met with this resident. At this time, the resident was seen to be relaxing in a comfortable chair watching a preferred TV programme. The resident greeted in the inspector with encouragement from staff. Following this, much of the interaction with this resident occurred with the prompting of staff, which appeared to be this residents preferred method of communication at this time.

The second resident was relaxing watching TV in their own self contained apartment and this resident greeted the inspector and showed the inspector around their home. This resident was very well presented and took great pride in their appearance, pointing out their new clothes to the inspector and showing the inspector where they liked to keep their belongings. During the inspection, this resident became anxious on occasion and this was seen to be dealt with very appropriately and sensitively by the staff member supporting them and the person in charge. This resident was keen to communicate with the inspector about recent achievements of theirs, including paid work experience in a local business and taking part in a sporting event.

Both residents were supported on the day of the inspection by staff that were familiar to them and residents appeared to be comfortable in the presence of staff and the person in charge. The inspector had an opportunity to meet with both staff present and speak with them about the lived experience of both residents in the centre.

Capacity and capability

The capacity and capability within this service was reviewed. The centre was previously inspected in September 2018 with positive findings on that

inspection. While the findings of this inspection remained positive, some improvements were required to ensure that the governance and management of this centre provided sufficient oversight to ensure a consistent, safe and high quality service.

There had been changes to the management of this centre in the six months prior to this inspection. The registered provider had recently appointed a new person in charge of this centre and this individual was present on the day of the inspection. They spoke with the inspector about the arrangements she had in place for oversight of the centre, which included regular visits and phone-calls to the centre. The person in charge had two designated centres under her remit, was suitably qualified for the role and demonstrated good knowledge of the residents of the centre and their support needs. This individual was new to the role of the person in charge and spoke of the support that was available to them to assist them in familiarising themselves with the requirements of the role. The inspector also met with the person participating in management, who was a senior services manager in the organisation, and the chief executive officer of the organisation on the day of the inspection. Both of these individuals demonstrated a good knowledge of the centre and the residents that lived there and a willingness to comply with the regulations.

An annual report had been completed in respect of this centre and the inspector was satisfied that regular unannounced visits to this centre by a member of management were taking place as required by the regulations. A report had been compiled in respect of these visits and this was made available to the inspector. However, the inspector found that neither the annual review nor the unannounced visits had identified deficits in important documentation such as personal plans. Also, where issues had been identified in audits, such as a need for training in behaviours of concern for some staff, there was no clear action plan in place to rectify these issues.

This centre was staffed by two staff at all times, with one staff member on sleepover and one waking staff at night. This level of staffing afforded residents a high quality, individualised service and was found to be appropriate to the needs of the residents in this centre. Staff were found to be skilled in their roles and there was access to nursing support as required by residents. The staff rota indicated a dedicated cohort of staff in this centre and staff spoken to had worked with the residents for a number of years and were very familiar with their specific support needs.

The inspector had sight of a log of accidents and incidents kept in respect of the designated centre and was satisfied that incidents were notified as appropriate to the chief inspector.

The registered provider had prepared a guide in respect of the designated centre. This guide contained all the required information as per the regulations.

Due to time constraints on the day of this inspection, the inspector did not have an opportunity to fully examine the written policies and procedures in place in the

centre. However, it was noted that a Schedule 5 policy pertaining to staff training and development had not been reviewed in the required time frame. This was brought to the attention of the provider on the day of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration of the centre had been submitted to the chief inspector. This included all the information as set out in the regulations and the appropriate fee.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications and skills necessary for the role. The registered provider had obtained the information and documents specified in Schedule 2 in respect of this person.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre. Nursing care was available to residents as required and continuity of care was provided.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a suitable contract of insurance in respect of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the centre was adequately resourced. An annual review had been completed in respect of the centre and unannounced visits were taking place. Some improvements were required in oversight arrangements in place for this designated centre to ensure that prominent issues were appropriately identified and addressed and that stated actions were carried out.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector in writing, as appropriate, of any incidents that had occurred in the designated centre.

Judgment: Compliant

Quality and safety

The inspector reviewed quality and safety within this designated centre and overall found good evidence of compliance over a number of areas. Residents were found to be supported to live meaningful lives in a caring and supportive environment and the living arrangements in place supported residents to have autonomy over their own lives. Some areas for improvement were identified in relation to the documentation and review of a personal plan and the area of positive behavioural support.

The premises was found to be clean, adequately maintained and suitable to meet the needs of the residents that lived there. Adaptations had been made to the

interior and exterior of one apartment in line with the needs of the resident that lived there and this provided a safer environment for the resident to partake in preferred recreational activities and activities of daily living. Both apartments were personalised to the individuals that lived in them and there were numerous pictures of residents and their family and friends on display. Both residents had access to a private, secure outdoor space.

Individualised plans in place for the residents of this centre were viewed. Both contained important information to guide staff in supporting the residents. One of the personal plans viewed included appropriate and meaningful goals with clear evidence that goals were being achieved and subject to regular review. The second personal plan viewed by the inspector had not been reviewed within the previous year as required in the regulations. This plan did not outline clear goals for the individual and where goals were recorded they had not been reviewed. This meant that there was no clear guidance for staff to support the resident to maximise personal development in accordance with their wishes.

Residents in this centre were afforded access to numerous healthcare supports including input from health and social care professionals such as a psychologist, psychiatrist, neurologist and speech and language therapist. The person in charge attended important medical appointments with residents and clear guidance was available to staff in relation to healthcare supports required.

Overall, good practices in relation to positive behaviour support were observed on the day of the inspection. However, some improvements were required. One resident had in place a positive behaviour support plan that had been developed by the person in charge and the person participating in management of the centre. The inspector noted that staff were not trained in a specific type of therapeutic intervention that was mentioned in this plan and that this plan had not been subject to review by an appropriate professional. During feedback the management of the centre told the inspector that the information contained in the plan had been subject to previous review by a psychologist and the inspector had sight of records that indicated that the resident had attended for review with a psychologist the previous year. Notwithstanding this, the inspector was not entirely satisfied that this plan had been subject to appropriate multidisciplinary input or review. Restrictive practices in the centre were being appropriately recorded. The inspector was told by the person in charge and the person participating in management that these were subject to regular review by a suitable committee but this review had been delayed due to the COVID-19 restrictions. On the day of the inspection, the inspector found the restrictive practices that were in place to be appropriate with a clear rationale present for them and there was evidence that efforts to reduce restrictions had been made where possible.

Staff had received suitable training in the safeguarding of vulnerable adults and where required, appropriate safeguarding care plans were in place. Staff spoken to had a good knowledge of safeguarding procedures and told the inspector what they would do in the event a safeguarding concern arose. Staff were seen to support residents in an appropriate and respectful manner, with a good rapport evident

between them.

Residents were supported to attend religious celebrations of their choosing and have control over their daily lives, with staff observed on the day of the inspection respecting residents' wishes as to how they spent their day. Residents had access to facilities for occupation and recreation and opportunities to participate in activities of their interest. Residents were supported to maintain personal relationships and contact with family members was encouraged.

Arrangements were in place to assess, manage and review risk on an ongoing basis in the centre. There was an organisational risk management policy and procedure in place. There was an organisational plan and risk assessment in place in relation to COVID-19. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre.

The previous inspection had found an issue relating to the servicing of fire alarm equipment in this centre. This was seen to be rectified at the time of this inspection and a regular schedule of servicing of fire detection and fire fighting equipment was documented. There was appropriate fire containment measures in place. Fire evacuation drills were occurring monthly, including simulated drills and staff spoken to were familiar with evacuation procedures.

The systems for storage and dispensing of medication were found to be robust and the information available to guide staff in this area was comprehensive. Where a resident had an allergy to a particular medication this had been documented clearly on the drug prescription record and medication appeared to be recorded accurately and appropriately on drug administration records.

Infection control procedures in place in this centre were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Staff had received training as appropriate in relation to infection control measures, hand hygiene and the appropriate use of personal protective equipment(PPE). An audit of control measures in place for COVID-19 had recently been completed in respect of the centre and an enhanced schedule of cleaning was viewed. Staff were aware of the procedures to follow should a resident present with symptoms of COVID-19. The inspector noted some gaps in the documenting of temperature checks for residents during the COVID-19 pandemic and brought this to the attention of the person in charge on the day of the inspection.

Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with ample opportunities for recreation and meaningful activities. Continuity of care was

provided to residents.

Judgment: Compliant

Regulation 17: Premises

The designated centre was clean, adequately maintained and and decorated in line with residents individual preferences. There was adequate cooking and bathroom facilities and outdoor space was available to residents.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre. This guide contained all the required information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and were aware of guidance published by the Health, Information and Quality Authority.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire detection and containment measures. Equipment was regularly serviced and plans were in place for the safe evacuation of the centre in the event of an outbreak of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was appropriate practices in place in relation to the ordering, storage, administration and disposal of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A personal plan in place for a resident had not been reviewed annually as required and did not take into account changing circumstances. There was not clear evidence that a resident was supported to achieve goals in accordance with their wishes.

Judgment: Not compliant

Regulation 6: Health care

Appropriate health care was provided for each resident. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment was facilitated. Residents had access to health and social care professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Not all staff were trained in the management of behaviour that is challenging as

appropriate. A positive behaviour support plan in place to guide staff in responding to a resident and supporting them to manage their behaviour did not have appropriate input or review from the multidisciplinary team supporting that resident.

Judgment: Not compliant

Regulation 8: Protection

Residents were found to be adequately protected from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents. Residents were facilitated to attend religious ceremonies of their choosing and consideration had been given to residents wishes in relation to, for example, voting.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ormonde Square Residential Service OSV-0005697

Inspection ID: MON-0029620

Date of inspection: 20/08/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Future annual reports and unannounced visits will focus and report on specific areas of governance and compliance including having in place oversight of person-centered plans and their annual review, financial plans, behavior support plans, outcomes and goals for residents. The provider will ensure that appropriate involvement of multi-disciplinary personnel are involved in behavior support plans and that relevant policies are reviewed in line with regulation. Actions set out in the annual report will be specific to regulations and will be monitored and will focus on safety and welfare of residents and will be time-framed and reviewed on a regular basis.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Both residents have now completed their annual person-centered plan-meetings on 10.09.20 and 16.09.20. One resident has an updated "my story" to reflect the positive impact of the transition to community living. While there is a very active person-centered program within the center the documentation which includes the action plan and goals for one resident will be updated to support this.	

Annually the Person-Centered Plans will be updated.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All staff have received training in behaviors of concern previously the enhance your behavior approach. A meeting will be scheduled with members of Multi-Disciplinary Team for input and review and development of the revised behavior support plans for residents.

With the support of MDT further training for members of staff on de-escalation and interventions will be completed in line with the review of the behavior support plan.

The revised behavior support plan will include training on verbal prompts and respecting personal space for residents to encourage residents from behavior of concern that are impacting on others and also for the purpose of de-escalating behaviors of concern. A restraint free environment is promoted throughout the center.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2020
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	16/10/2020
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is	Not Compliant	Orange	16/10/2020

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	16/10/2020
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Not Compliant	Orange	16/10/2020

	take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	16/10/2020
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	16/10/2020