



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

## Issued by the Chief Inspector

Name of designated centre:	Cove Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	28 September 2021
Centre ID:	OSV-0002087
Fieldwork ID:	MON-0031699

## About the designated centre

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

The statement of purpose describes Cove Residential Services as supporting residents "to live the lives of their choosing and make informed decisions regarding their own lives". Cove Residential Services consists of three houses, one in a urban estate and two in a rural setting within close proximity of that town. Each house has access to kitchen and dining facilities, sitting rooms and individual bedrooms. These houses provide thirteen residential spaces for persons with an intellectual disability. The local town provides an array of social and recreational opportunities. Day services are also available nearby.

Admission is for persons over 18 years of age with a primary diagnosis of intellectual disability and requiring medium to high support. The statement of purpose reflects that one of the houses is particularly adapted for persons requiring additional space due to physical disabilities. All three houses are staffed at night, with two being staffed by waking night staff. A social care model of staffing is in place with clinical oversight being provided by the person in charge and a clinical nurse manager participating in management.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	10
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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
Tuesday 28 September 2021	8:30 am to 4:30 pm	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met eight of the ten residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall, the inspector found that residents were supported to live a good quality life. It was evident that supports were provided to residents in a respectful manner, in line with their assessed needs, choices and wishes. However some improvements were required to ensure that fire drill records included information to support resident evacuation, and that all safeguarding allegations were notified in line with statutory guidance.

There were three houses in this designated centre. The residents living in the three houses required different levels of support. Some residents could tell the inspector that they liked their home, and spoke about their daily plans and activities. A number of residents were non-verbal communicators, using gestures and facial expressions to communicate their needs. Therefore the inspector also observed the supports provided to residents in their home. Throughout the inspection, residents appeared comfortable and relaxed in the presence of staff. Interactions between staff members and residents were noted to be respectful in nature. For example, staff members were observed asking residents what they would like for breakfast, and then preparing this for them. In one of the houses, residents were sitting at the table having a cup of tea. The atmosphere in this house was calm and relaxed.

The three houses in the designated centre were all inspected in full as part of this inspection. All three houses were observed to be clean and homely in nature. Residents' photographs and personal items were located throughout their home. However, two of the houses required painting, and the cupboards in the kitchen and utility room of one house were discoloured. Each house had a garden for residents to enjoy. One resident told the inspector that they cut the grass in the garden using the designated centre's lawnmower.

Two houses were located in close proximity to a number of local amenities including restaurants, shops and the beach. The third house was in a rural location, where residents used the centre's transport to access their local community. Residents participated in a wide variety of activities in line with their likes and interests. This included swimming, horse-riding and local walks. Residents living in one of the houses were training to participate in a walking trail, which would be completed in stages in line with their assessed needs. One resident was supported by staff members to go cycling on a local track and sea-swimming at local beaches.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre,

and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. There were systems in place to ensure that residents were supported in line with their assessed needs, however the provision of staff training did require review.

Residents living in the centre were supported by a team of social care workers and care assistants. Nursing support was available from the person in charge, who was a qualified nurse. The person in charge held this role for a total of two designated centres. It was identified that they held the necessary skills and qualifications to carry out the role of person in charge.

The person in charge discussed how they develop and manage staff members to ensure that they provide a good quality of care to residents. Formal staff supervision meetings were held annually, and the person in charge also completed medication assessments with individual staff members. Team meetings were held on a regular basis, and these were used as an opportunity to provide educational sessions to staff members in areas specific to residents' support needs including epilepsy management.

Not all staff members had been provided with refresher training in fire safety and managing behaviour that is challenging. Although the inspector acknowledged the challenges in seeking training throughout the COVID-19 pandemic, it was not evident what measures had been put in place to ensure staff members had appropriate training in these areas as they awaited refresher training. Fire safety training was planned to occur after the inspection.

Oversight of the designated centre was maintained in a number of ways. This included the completion of an annual review of the quality of service provided to residents in their home. The annual review report completed in June 2021 reviewed areas including risk management, complaints and safeguarding. This review also included consultation with the residents that lived there. Unannounced visits to the centre were completed on a six monthly basis. A report was written after each of these visits. Both of these reports were noted to be comprehensive in nature.

## Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and

they held this role for a total of two designated centres.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff members had completed training in areas including the safeguarding of vulnerable adults, hand hygiene and breaking the chain of infection. However, three staff members had not received refresher fire safety training in a timely manner. This was due to occur after the inspection. Seven staff members had not received refresher training in the management of behaviours that challenge, which was due in 2020.

Although the inspector acknowledged the challenges in seeking training throughout the COVID-19 pandemic, it was not evident what measures had been put in place to ensure staff members had appropriate training in these areas as they awaited refresher training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were management systems in place to ensure that residents were provided with a safe service. This included regular audits, unannounced six monthly visits to the designated centre and an annual review of the quality of care and support provided to residents.

There were effective arrangements in place to performance manage all staff who worked in the designated centre. This included formal supervision and regular team meetings.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose outlining the care and support to be provided to residents was available in the designated centre. This contained the information required by Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that there was a good level of oversight of care delivery. There were structures in place to ensure that residents were supported in line with their assessed needs. However, some improvements were required in areas including contingency planning for an outbreak of COVID-19.

Healthcare was provided to residents in line with their personal plans. Where residents had an identified healthcare need, this was supported by a plan of care. These included areas such as epilepsy and feeding, eating and drinking. Oversight of these plans was maintained by relevant allied healthcare professionals. Regular health monitoring of residents, including blood pressure monitoring, was provided. When one resident declined to engage in this activity, this choice was respected. These health monitoring systems ensured that residents were supported to receive appropriate healthcare, in line with their assessed needs.

Residents' medicines were stored in a locked press that could be accessed by staff members. Each medicine was prescribed by allied health care professionals including residents' general practitioner (G.P) and neurologist. Medicines administration records included the route, dose and time residents were to receive each medicine. When a liquid medicine was opened, the date of opening was recorded on the bottle to ensure it was disposed of as required. Any allergies were recorded on this document to ensure the safe administration of residents' medicines.

The inspector completed a review of allegations of suspected abuse that had been submitted to the Health Information and Quality Authority (HIQA). Safeguarding plans were put in place in response to each alleged incident. However, the inspector did note one allegation of suspected abuse that had not been notified in line with statutory guidance on the safeguarding of vulnerable adults. The inspector discussed this with the registered provider representative who acknowledged that this incident had not been notified in error. Following a review of this alleged incident, it was noted that all other measures had been taken to ensure the resident was appropriately safeguarded.

A number of measures had been put in place to ensure that residents were protected against potential infection, in line with guidance on the management of COVID-19. A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. This included information on zoning a resident if they cannot self-isolate and how to access a COVID-19 test. However, it did not include guidance on waste management or where additional staffing resources could be sought if required. At the time of this inspection, there were confirmed COVID-19 cases in the designated centre. The inspector spoke at length with staff members including the person in charge about the management of a confirmed case of COVID-19. It was evident that staff members were aware of



relevant guidance, and that they had access to personal protective equipment (PPE).

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. Quarterly testing of fire safety systems including the fire alarm panel and emergency lighting were completed. The inspector completed a review of fire safety drills completed in the designated centre. It was noted that one resident sometimes did not evacuate the centre on activation of the fire alarm. It was evident that regular drills were carried out to ensure they would evacuate, which on many occasions they did. Staff spoken with also advised that they used preferred items to attempt to get the resident to evacuate, however this was not documented on the fire drill records to outline what worked well and what did not when trying to get the resident to evacuate the centre.

### Regulation 13: General welfare and development

Residents participated in a wide variety of recreational activities. This included training to participate in a walking trail, which would be completed in stages in line with residents' assessed needs. One resident was supported by staff members to go cycling on a local track and sea-swimming at local beaches.

Staff members spoken with were aware of the benefits of providing residents with a variety of activities. It was also noted that staffing had been provided for in the evenings and at weekends so that residents could participate in activities of their choosing.

Judgment: Compliant

### Regulation 17: Premises

The residents living in the designated centre were supported in three community houses. These were observed to be clean and were decorated to reflect the residents' likes and preferences. Each resident had their own private bedroom, and there was adequate private and communal space in each of the houses.

However, two of the houses required painting, and the cupboards in the kitchen and utility room of one house were discoloured.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A resident's guide had been developed, and was accessible to residents living in the designated centre. This included information about the services provided in their home, the complaints procedure and the terms in which they lived in their home.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff members were observed donning and doffing PPE as they supported a resident with confirmed COVID-19 infection. Staff members discussed the measures they had put in place to support this resident including self-isolation procedures.

A contingency plan had been developed to guide staff members on what to do in the event of an outbreak of COVID-19. This included information on zoning a resident if they cannot self-isolate and how to access a COVID-19 test. However, it did not include guidance on waste management or where additional staffing resources could be sought if required.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Emergency lighting, fire-fighting equipment and fire-resistant doors were evident on the day of the inspection. A gap where a lock had been removed in two fire-resistant doors was fixed during the inspection. This ensured that these doors would provide effective containment in the event of a fire.

The inspector completed a review of fire safety drills completed in the designated centre. It was noted that one resident sometimes did not evacuate the centre on activation of the fire alarm. It was evident that regular drills were carried out to ensure they would evacuate, which on many occasions they did. Staff spoken with also advised that they used preferred items to attempt to get the resident to evacuate, however this was not documented on the fire drill records to outline what worked well and what did not when trying to get the resident to evacuate the centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed appropriate practices relating to the prescribing,

administration and storage of medicines. Oversight of medicines was maintained by each resident's general practitioner (G.P). Residents' medicines were stored in a locked press that could be accessed by staff members.

Residents' medicines administration records included the route, dose and time they were to receive each medicine. Any allergies were recorded on this document to ensure the safe administration of residents' medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans to guide staff members on the support that they required, in line with their assessed needs. Residents had access to allied health professionals as required.

Goals had been developed for residents. These were regularly reviewed to ensure that residents were supported to achieve their goals.

Judgment: Compliant

### Regulation 6: Health care

When residents had an identified healthcare need, these were supported by a plan of care. These included areas such as epilepsy and feeding, eating and drinking. Nursing input could be provided by the person in charge when it was needed.

Judgment: Compliant

### Regulation 8: Protection

Measures had been put in place to protect residents from abuse. This included the provision of intimate care plans for each resident.

However, the inspector did note one allegation of suspected abuse that had not been notified in line with guidance on the safeguarding of vulnerable adults.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Measures had been put in place to ensure residents' privacy and dignity was maintained, and that they were consulted and participated in the operation of the centre. When night-time checks were required for a resident, there was a clear rationale for why this was required. The inspector reviewed notes of regular house meetings held with residents. Topics of discussion included menu choices, health and safety issues and upcoming events.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cove Residential Services OSV-0002087

Inspection ID: MON-0031699

Date of inspection: 28/09/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Fire safety training has now been completed and up to date for members of staff. Behaviours of concern training will be completed by the end of November 2021.</p> <p>Where members of staff have been unable to attend scheduled training, members of staff will be required to undertake the online course on HSELAND if available. Training will be prioritized for staff in order to ensure training is in date.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Painting and refurbishment of two houses has been identified as a priority and is included on the maintenance schedule.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The COVID 19 Contingency Plan for the area has been updated by the PIC in consultation with the PPIM and is in line with Public Health Guidelines and Carriglea Cairde Services Procedures. The COVID 19 Contingency Plan is available in all locations and members of staff are aware of the plan and how to access same.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In relation supporting residents to evacuate during regular fire drills and emergency fire evacuations, members of staff have been advised on the importance of trialing and recording preferred items to support safe evacuation and this now in place across the designated centre.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Provider supports a zero tolerance to all forms of abuse and to protect all residents from any form of abuse.</p> <p>The allegation of suspected abuse that had not been notified to HSE Safeguarding in line with statutory guidance on safeguarding of vulnerable adults has now been submitted on the 11/11/2021 by the Deignated Officer.</p>	



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	31/10/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	12/11/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	11/11/2021