



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

## Issued by the Chief Inspector

Name of designated centre:	Comeragh View Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0004961
Fieldwork ID:	MON-0032015

## 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 the service as providing full time residential care for 14 adult residents, with a diagnosis of intellectual disability and additional care needs by virtue of autism and age related needs. Nursing oversight is available to the residents. There are a number of specifically tailored day services attached to the service which residents can access as they wish and retirement is also supported. Residents are accommodated in three residential houses with between four and six residents living in each house. The houses are suitable to meet the current and changing needs of the residents. The centre is located in a coastal town with easy access to the local community and amenities. The care and support provided was found to be in accordance with the statement of purpose and the needs of the residents.

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

Number of residents on the date of inspection:	13
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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
Wednesday 24 February 2021	09:30hrs to 15:30hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and what the inspector observed, it was clear that residents were enjoying a good quality life where their rights were promoted and respected. Residents told the inspector that they had a nice home, that they lived with their friends and that they were supported to engage in activities that they enjoyed.

On the day of the inspection, the inspector met with six of the 13 residents that lived in the designated centre. Due to COVID-19 restrictions, the inspector visited one of the three houses in the designated centre. The inspector met with four residents in one house, and window visited with two residents who lived in a neighbouring house. The inspector did not visit the third house, which was located in a campus-style setting.

The inspector was also provided with twelve questionnaires that had been completed by residents about the quality of care and support that they received in their home. It was evident from reviewing the questionnaires that residents were very happy where they lived, and with the staff that supported them.

On arrival to the designated centre, staff members told the inspector that the residents were in bed. Residents enjoyed having a lie-in each morning, and this choice was respected by staff members. It was observed that the atmosphere was very relaxed in the morning, as residents slowly made their way to the kitchen for breakfast. Residents welcomed the inspector to their home and appeared to be smiling as they spoke about what it was like to live there. Residents appeared happy, calm and content, and it was evident that they knew the staff members who supported them. Interactions between residents and staff members were observed to be respectful in nature.

The residents' home was painted in warm and bright colours. There was a large kitchen and dining area with lots of space for residents to interact during meal times. There was a large sitting room area with a television where residents could relax. It was noted that there were a number of individual recliner chairs, and residents appeared comfortable as they were observed sitting down watching television. In one questionnaire, a resident said that they liked having their own seat in the sitting room. All residents living in the designated centre had their own private bedroom. One resident showed the inspector their bedroom. The resident told them that they had chosen the colour their bedroom was painted, and that they had recently purchased a cosy new bed. The resident showed the inspector photographs of family members, paintings they had made and certificates from training courses that they had attended. The garden area was well kept, with garden furniture which could be enjoyed by residents. There was also a memorial bench in the garden, which had been dedicated to a former resident who had sadly passed away.

A number of residents had lived in the designated centre for a number of years, with

some living in designated centres run by the organisation for more than 40 years. One resident spoke about members of senior management that they knew well, while one resident stated in their questionnaire that the registered provider 'is very good to me'. Another resident told the inspectors that they had a keyworker and a link keyworker, and that these two staff members supported them to develop their personal plan.

In the residents' questionnaires, a number of residents spoke about how they used to visit friends, and that they missed being able to do this due to COVID-19. It was evident that residents had been supported to maintain family and friendship links during the COVID-19 pandemic. A number of residents had purchased new phones, laptops and computer devices. Residents told the inspector that they enjoyed using these devices, and that they were very happy with their purchase. Residents were supported to video call family members and received window visits during the COVID-19 restrictions. It was also evident that a number of residents had spent some time home with family members at Christmas.

During the inspection, residents were observed engaging in a number of activities. These included hand massage and nail painting and an online exercise class. Some residents also went for a drive in the designated centre's transport. Residents told the inspector that they enjoyed going out for walks when the weather was dry. One resident told the inspector that they enjoyed knitting, and that they had knitted a number of scarfs for friends and staff members. The resident also enjoyed writing songs, and they kindly wrote one for the inspector. In the residents' questionnaires, one resident stated that they missed a number of activities they used to complete before COVID-19. These included going to do the food shopping with staff, horse therapy and clothes shopping. Another resident said they missed going to the cinema.

One resident got a little upset when they told the inspector about the loss of a family member. It was evident that staff members reassured the resident, and told them that they could speak to them at anytime if they were upset. One resident became very excited when they met the inspector, as they had not received a visitor to their home for some time due to COVID-19 restrictions. Staff members supported the resident to relax by taking a deep breath, in line with their behaviour support plan.

At the time of the inspection, one resident was self-isolating following their return from hospital. Staff members told the inspector that the resident was happy to sleep in their bedroom at night, but that they did not want to self isolate in their bedroom during the day. Following a risk assessment, the resident was supported to go to a local self-catering home during the day with staff support. The resident could participate in activities, and had full access to the building. It was evident from speaking with staff members that this arrangement had been made in line with the resident's choice and wishes.

It was evident that residents were happy in their home, and that they were supported to live a life that promoted and respected their choices and wishes. Residents were supported by a team of staff members who respected them, and

knew them well. 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

It was evident that there were management systems in place to ensure that the service provided to residents was safe, consistent and appropriate to residents' needs. Effective oversight of the designated centre was maintained, and the governance arrangements in place were suitable to meet the needs of the residents and the designated centre.

The designated centre had a consistent staff team which included care assistants, programme assistants and social care workers. The person in charge was a qualified nurse, who could provide nursing supports as required. The person in charge fulfilled the role for this designated centre alone, which comprised of three buildings. This individual held the necessary skills and qualifications to carry out the role. It was noted on discussions with the person in charge that they had an excellent knowledge of the residents and their individual support needs.

The person in charge reported to their line manager, who carried out the role of person participating in management. This individual reported to the chief executive, who reported directly to the board of directors.

It was evident that oversight was maintained through the completion of a variety of service reviews, which included the annual review and unannounced six monthly visits to the designated centre. Improvements were required to the annual review to ensure that it included a review of the quality of care and support in the designated centre, and written evidence of consultation with residents and their representatives.

The registered provider's policy on Garda vetting had been updated to include guidance to staff members and volunteers on the time scale that they would be re-vetted during their period of employment. The inspector reviewed a sample of staff files and found that they included the information and documents required specific to Schedule 2 of the regulations.

The registered provider had ensured that a number of documents had been submitted to the Health Information and Quality Authority (HIQA) to support the application to renew the registration of the designated centre. These documents had been submitted to HIQA in the correct format, in a timely manner.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a full application had been made to renew the registration of the designated centre.

Judgment: Compliant

## Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to carry out the role. It was evident that the residents knew the person in charge, and that they had a good knowledge of residents' needs.

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. Residents were supported by a consistent staff team.

Judgment: Compliant

## Regulation 16: Training and staff development

The registered provider had ensured that staff members had received appropriate mandatory training to support them in their roles. This included first aid, safeguarding of vulnerable adults and fire safety.

Judgment: Compliant

## Regulation 21: Records

Records of the information and documents to be obtained in respect of staff members employed in the designated centre were appropriately maintained and



were made available to the inspector.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored. However, improvements were required to ensure that the annual review of the quality and safety of care and support in the designated centre included consultation with residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

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

Judgment: Compliant

### Regulation 30: Volunteers

There had been no volunteers working in the designated centre since the previous inspection of the designated centre due to COVID-19.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. Although some improvements were required to the review and development of residents' goals, it was evident that residents were happy with the support that they received in their home.

Residents had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Following this review, a personal plan was developed or amended to reflect any changes in the provision of support to residents. It was noted that one resident's goals did not clearly outline the goal they hoped to achieve. For example, it was stated that the resident wanted to go to a music show. The location or type of show the resident would like to see, or a plan on how staff would support them to go to the show was not clearly outlined. In response to COVID-19, it was not evident that alternatives had been identified to support the resident to achieve their goals. It was also noted that one of the residents goals for 2020 had not been reviewed to identify if any progress had been made to achieve the goal.

A number of measures had been put in place to protect residents in response to the COVID-19 pandemic. There was evidence that staff and residents were subject to regular temperature checks. Staff members wore face masks at all times in the designated centre. Following an outbreak of COVID-19 in the designated centre, an outbreak control team meeting had been held, with input from Public Health. It was evident that residents were aware of social distancing measures, and the reasons why these measures had been put in place.

The inspector reviewed evidence of fire evacuation drills held in the designated centre. It was evident that these were carried out on a regular basis, and that residents could safely evacuate in a timely manner, in the event of a fire. Fire extinguishers, the fire alarm panel and emergency lighting had all been reviewed by a competent person.

## Regulation 10: Communication

It was evident that residents were assisted and supported to communicate in line with their assessed needs and wishes. Resident had access to appropriate media including television, radio, newspapers and internet.

Judgment: Compliant

### Regulation 11: Visits

The registered provider had supported residents to have visitors in line with guidance from Public Health. Residents were supported to have window visits, and phone and video calls with friends and family members.

Judgment: Compliant

### Regulation 13: General welfare and development

It was evident from what residents told the inspector that they were provided with opportunities to participate in activities in line with their interests.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was warm, clean and suitably decorated.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that measures had been put in place to protect residents from infection.

Judgment: Compliant

## Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. However, improvements were required to ensure that residents' goals were regularly reviewed and updated to reflect the COVID-19 pandemic.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

It was evident that residents were supported to manage behaviour that challenges, in line with their personal plan.

Judgment: Compliant

## Regulation 9: Residents' rights

It was evident that residents were supported to exercise choice and control in their daily lives.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Comeragh View Residential Services OSV-0004961

Inspection ID: MON-0032015

Date of inspection: 24/02/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All future Provider Annual reviews of Quality &amp; Safety of Care and Support for the Designated Centre will include and documented the process for and outcomes of consultation with residents and their representatives.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The goals in all residents' personal plans will be reviewed to ensure that there is a well-documented, detailed plan setting out how the resident will be supported to achieve his/her goals.</p> <p>Every avenue will be explored to safely support each person to achieve their goals or acceptable alternatives to their goals during Covid 19 pandemic restrictions.</p> <p>This will be completed by 31/03/2021 and will be kept under regular review.</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 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/04/2021
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal	Substantially Compliant	Yellow	31/03/2021



	plan.			
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