Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Carriglea Residential Service
Centre ID:	OSV-0003509
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Carriglea Cairde Services
Provider Nominee:	Vincent O'Flynn
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	35
Number of vacancies on the date of inspection:	6

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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 October 2016 09:30	04 October 2016 19:00
05 October 2016 09:00	05 October 2016 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the third inspection of this centre which forms part of an organisation which has a number of designated centres in the region. This was an unannounced monitoring inspection undertaken to ascertain the continued compliance with the regulations and standards.

The centre was granted registration without restrictive conditions in July 2015 having been inspected in October 2014. The inspector also reviewed the actions from the inspection of 2014 and in all cases found the provider had made the agreed changes or was in the process of doing so within the timescales.

How we gathered the evidence:

The inspector met with most residents and spoke with seven residents. Other residents communicated in their own way and allowed the inspector to observe some of their daily life and routines. Residents told the inspector they were very happy living in the centre, it was their home and they had lived there for many years. They

said they could have a rest any day they liked and staff always helped them as they needed it. They said they enjoyed their workshops and day care, and having a cup of coffee when then liked. A resident showed the inspector the numerous Special Olympic medals they had won in America and also the crafts such as embroidery they had completed and had framed. One resident said "where would I be without my staff".

The inspector also met with staff members, the person in charge, the provider nominee and day service staff. All six premises were reviewed.

Description of the Service:
This centre is designed and registered to provide long-term care and a small number of respite beds for up to 46 adult residents male and female of moderate to severe intellectual disability, age related needs, autism and challenging behaviours. The numbers of residents had been reduced to 41 and the provider stated his intention to further reduce this to 39.following some reconfiguration of the individual units. A revised statement of purpose will then be provided to reflect these changes..
To this end the findings indicate that the service provided is congruent with the statement of purpose. However, the matter of the provision of respite, its impact on staffing levels at weekends in one unit, and subsequently on some residents' weekend activities was discussed with the provider. The inspector was informed that the arrangements for long term placements are in progress for the particular residents and this respite arrangement may cease.

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 also a swimming pool on the grounds.

Overall judgement of our findings:
This inspection found that the provider was in substantial compliance with the regulations which had 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)
• 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 to improve the overall outcomes for residents;
• More detailed safeguarding plans and speedy clinical reviews where behaviours deteriorate and impact on other residents (outcome 8) which could result in potential risks to residents.
• the continuation of the plan for the premises remains a requirement to ensure they can meet the needs of all residents and were suitable for purpose.

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) 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This outcome was not inspected in its entirety but from a review of record and speaking with some residents it was apparent that they had choices in their daily lives and routines and were consulted in regard to their living arrangements. Their families or next of kin were also consulted on their behalf.

Residents' meeting were held and there was evidence that key workers took care to support individual residents who could not participate in such forums. Where possible and subject to risk assessment personal possessions were maintained by the residents themselves. A resident showed the inspector the new bed which they had gone with staff to choose and purchase.

The provider was acting as informal guardian for a number of residents. The inspector reviewed the policy and the details of decision making and found good practice with multidisciplinary oversight and review of all decisions made on the resident's behalf. The policy also outlined the process for the correct implementation of wardship arrangements to ensure they were in accordance with the legal requirements.

Residents were assessed for competency to manage their finances and in most instances could not do so. Staff maintained detailed records and receipts of all transactions and there was also an internal auditing system which the inspector saw was focussed on protecting resident finances.

While there was no system for duel signatures on the monies managed at unit level this was discussed with the provider who agreed to implement a system of oversight. However, the overarching auditing system was robust and compensated for this.

There is system for the management of complaints and it was apparent that residents were supported to make complaints. However, there were some improvements required in the details recorded on the records to demonstrate what had been done to resolve the issues and the satisfaction or views of the complainant with the actions taken.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents had frequent access to a range of multidisciplinary assessments and interventions. There were comprehensive assessments of their health, psychosocial and mental health needs undertaken.

There were regular multidisciplinary meetings and internal reviews held as required and as needs changed. While there were some deficits in this they are outlined in more appropriate detail under Outcome 7 Safeguarding.

From a review of a sample of 7 personal plans and related documentation, the inspector found that resident's needs were identified and plans were made to address these. However, a number of the plans had not been formally reviewed since 2014. The inspector acknowledges that the level of multidisciplinary interventions and reviews was effective and responsive to the resident's changing needs despite this.

The personal plans reviewed demonstrated that there was a significant level of consultation with the residents and their representatives as required by their needs. There was evidence of regular consultation with families and representatives and they attended the reviews held. This process was also used to ascertain their preferences in

regard to the reductions of beds. In one instance the offer of relocation was declined by the resident and this was accepted by the provider.

The personal plans were very person-centred and demonstrated a good understanding of and support for the residents across a range of domains including health, self care, falls prevention, communication and community access. 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 age related needs of the residents.

The inspector was satisfied that the assessed needs of the current residents could be met within the centre and that decisions regarding admissions were being made according to clear criteria and in consultation with all persons.

The resident's social care needs were very well supported with lifestyle plans made based on preferential assessments which were regularly updated. They attended a number of individually tailored high support day services which provided music, drama, sensory therapy and physical activity. The inspector was able to observe one of the musical events and saw that the residents participated enthusiastically.

There is a swimming pool on the grounds which was used frequently by the residents. They did relaxation therapy and also had responsibility for various tasks and small jobs within the units such as helping to set the table and tidy their own rooms.

The day services and other activities were seen as an integral part of the residents lives, with good communication systems evident to ensure continuity of care. Staffing levels and the purchasing of additional transport in early 2016 ensured individual activities such as walks and outings, meals or shopping trips were planned and took place. The residents confirmed this to the inspector.

Judgment:
Substantially Compliant

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:
There were three actions required in relation to the suitability of the accommodation and availability of privacy for visitors. The provider submitted a detailed plan to HIQA in relation to this matter in February 2015.

The inspector found that the provider had made or is in the process of making alterations to the premises to address these actions in accordance with the plan submitted.

Numbers across all units had been reduced with the capacity now at seven in three units, and eight and 10 in two units. One unit was not operational at the time of inspection and renovations were planned in this unit to provide single accommodation. This is a total reduction of six residents.

This has resulted in a reduction in the uses of shared bedrooms to two, and the availability of a small visitor's space in one unit. Bedrooms chairs and lockers which had been absent previously were also provided in the bedrooms.

Funding has been sourced to commence further works in January 2017 which will include a link corridor between two units and this will also act as a private seating area.

The overall final reduction in numbers will then result in all residents having single rooms and suitable sized bedrooms.

In addition to these alterations works had been agreed to convert a bedroom into a suitably sized and assisted bathroom with overhead hoist which would be completed before Christmas. These arrangements will be finalised on completion of the remedial works and outlined in the statement of purpose. This also enable residents to spend quite time in their own rooms.

Some renewal of flooring was also planned in the other units. The provider stated that they will continue their efforts to seek a small community unit for some residents. The inspector noted that while there are sufficient bathrooms and toilets in all units some toilets were very small and in the future would not meet the changing physical needs of the residents. Storage was also problematic for wheelchairs and hoists. The provider as aware of the need to plan for an older population.

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:
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:
Systems for identifying and responding to risk were found to be proportionate and protective taking the age, dependency levels and behaviour support needs into account. Fire safety management systems were found to be good with equipment including the fire alarm, extinguishers and emergency lighting installed and serviced quarterly and annually as required. While there are some fire doors and compartments in all units .Definitive plans were underway to increase the number of these.

There were regular fire drills held with some held late in the evening. These simulated night time staffing levels and assessed the response of staff from the other houses to assist where this was necessary. Where the procedure appeared to take longer than usual this was reviewed.

Records showed that all staff had undergone fire safety training and a number of newly recruited staff were undergoing this prior to commencing work. Manual handling training was also up to date and again the new staff were undergoing this. There were suitable evacuation plans available for all of the current residents. Daily checks on the alarms and the exits were undertaken by staff.

There was a signed and current health and safety statement available. A number of safety audits of the environment and work practices took place regularly and were detailed and centre specific.

The risk management policy complied with the regulations including the process for learning from and review of untoward events. Risks identified were pertinent and included environmental, clinical and behavioural issues. There were suitable controls in place to mitigate against these.

The risk register was also detailed and demonstrated a robust system for identifying and addressing any risks identified for the residents. The inspector found that the policy was implemented in practice.

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.

The policy on infection control and the disposal of sharps was detailed.

Each resident had a comprehensive individual risk assessment and management plan implemented for risks identified as pertinent to them. These included the risk of self harm. The detail and control measures identified were seen to be satisfactory and pertinent to the specific risk or level of risk. These included such items as house alarms,

checking of dangerous items such as cutlery, additional staff support and supervision, seizure and door sensors. There were detailed plans for transporting residents and the use of equipment such as hoists.

The systems for learning and review were evident and included responses to individual incidents of behaviour or accidental injury and audits of such incidents. A detailed falls analysis had been undertaken in response to a number of such incidents. Residents were reassessed and a private therapist sourced. The responses were prompt and included changes of footwear, seating, and installation of soft flooring in one room and decommissioning of one bedroom due to a step at the door.
All the units had easy access.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The residents had complex needs based on both age related illness and presenting challenging behaviours including aggression and self harm in what is a high support service. This presents particular challenges to the provider. There were very detailed behaviour support systems implemented and additional resources, environmental structures and one to one staffing made available.

However, some improvements were required in the management of peer to peer incidents and timely and thorough clinical review and support for some residents. A number of significant peer to peer assaults had taken place and in addition other residents were impacted on by the level of restrictions and general behaviours presented.

The inspector saw records where some residents had expressed their fear regarding one individual and a resident explained to the inspector that the lock on the bedroom door was to prevent another resident injuring her.

All such incidents were carefully reviewed by the person in charge and the management team and safeguarding plans promptly implemented. However, some of those reviewed by the inspector did not provide sufficient detail as to the supervision and interventions necessary to prevent re-occurrences. In some instances they referred to staff support or awareness but did not precisely detail what this entailed at periods of higher risk.

In one instance a bedroom and separate living room had been provided to filter access to the main group of residents except where it was planned and safe to allow this. However, from a review of the records this was not fully effective. This may be influenced by the fact that the layout of the unit does not lend itself to such separation of functions.

While there was good access to mental health services and psychology services in general the increasing numbers of incidents indicates that for some residents a more robust comprehensive review is needed taking all factors into account, such as health, environment and ability to implement the behaviour plans as incidents increased.

The records available indicated that staff had training in challenging behaviours and in the use of MAPA (a system for the management of behaviours).

Restrictive practices were used in a number of units. These included key padlocks on some doors to prevent residents accessing other resident's bedrooms, sensors on some bedroom doors to alert staff of residents leaving the rooms at night, window restrictions and limited or monitored access to kitchens where self harm or injury was likely. Low beds and crash mats were also used as alternatives to bedrails where this was assessed as suitable.

The inspector reviewed the documentation which included the assessment of the need for the restriction and found that the systems were implemented in a considered and thoughtful manner. They were in accordance with national policy, regularly reviewed and the least restrictive. A process of multidisciplinary review of such practices had recently commenced.

A number of other strategies had been implemented including the reduction in numbers of residents in each unit and additional staffing had been implemented to address the behaviours.

The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse and the protection of vulnerable adults. These policies reflected the most recent national requirements and staff spoken to were familiar with reporting procedures. 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 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.

The staff who spoke with the inspector articulated a good understanding of the types of behaviours which would be abusive and the reporting system required. The residents who could communicate with the inspector stated that they felt safe but did on occasion

fear the behaviours of some residents. They also said the staff and person in charge acted to make this better.

A range of other systems were in place to protect the residents. There was regular access to managers for oversight of their care and safety, evidence of good communication with families and relatives and safe recruitment procedures.

Judgment:
Non Compliant - Moderate

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 requirement to forward the required notifications to the Authority. All incidents were found to be reviewed internally.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The residents had significant healthcare needs related both to age and illness. The inspector found evidence that these were very well supported. A local general practitioner (GP) service was responsible for the healthcare of residents and attended at

the day service weekly. 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, psychiatric and psychological services most of which were available internally. Chiropody, dentistry and opthalmatic reviews were also attended regularly.

Healthcare related treatments and interventions and plans were detailed and staff were aware of these. These included dietary supports, fluid monitoring, and skin integrity or pressure area risks. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine health issues and specific issues relating to medication. The documentation indicated that all aspects of the resident's healthcare and complexity of need was monitored and reviewed. Staff were very knowledgeable on the residents and how to support them. Where necessary detailed daily records of, for example, dietary intake were maintained and reviewed.

Nutrition and weights were also monitored and residents were encouraged with healthy eating plans and support from staff. Main meals were prepared in the central kitchen and there were good communication systems evident to ensure residents preferences and requirements were fulfilled. There was a ample food in the units for snack and treats .The inspector observed staff helping a resident to make choices by offering a number of different options.

The food was seen to be nutritious and served in a dignified manner. Some residents used adapted crockery and cutlery to enable them to stay independent .They said they liked the food. At the weekends and for special occasions the inspector saw and was told by a resident that they get takeaways or meals out regularly.

A resident was receiving palliative care at the time of inspection. This was being carefully monitored and it was expected that the resident would pass away in their home with the support of staff and access to external specialists as necessary. The inspector reviewed the residents' personal care plans and found that they guided practice in relation to ensuring the resident's comfort was prioritised.

They included symptom support such as pain management as well as spiritual care. All equipment necessary for the residents comfort were made available including a pressure relieving mattress and additional staff monitoring. The team leader had additional training in palliative care and nursing staff also had additional training in additional clinical procedures to ensure the resident can remain at home.

Discussion and consultation had taken place with relatives and the resident's GP in regard to advanced directives which were recorded. The inspector saw that the care was being provided with sensitivity and dignity.

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 for the receipt of, management, administration, storage and accounting for all medicines was found to be satisfactory. The inspector saw that there were appropriate documented procedures for the handling, disposal of and the return of medicines.

The inspector saw evidence that medicines were reviewed regularly by both the residents GP and the prescribing psychiatric service. Potential risks or side effects were carefully monitored and were known by staff. There was data provided to staff to ensure they were familiar with the nature and purpose of the medicines and any medicines required to be administered in an altered format were adhered to.

Regular audits of medicines administration took place which detailed any discrepancies noted. A small number of errors had been identified and these were appropriately managed.

The healthcare assistants had training in medicines management and a number of staff also had specific training in the administration of emergency medicines. There were detailed protocols in place for the administration of this medicine.

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 required some minor amendments to ensure it was compliant with the requirements to reflect the changes to the actual care provided. It was agreed that that this would be forwarded following the inspection on completion of the remedial works.

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 was satisfied that the governance arrangements were suitable, effective and accountable to ensure the safe effective delivery of care.

The management team operates under the board of directors. The chief executive officer is the provider nominee. The senior management team consists of the person in charge/clinical lead, an 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. Staff and the residents were very familiar with the management structure and it was apparent from speaking with the residents and staff that they were actively engaged in their functions.

Both the nominee and the person in charge demonstrated their knowledge of their responsibilities under the Health Act. Both were found to be very familiar with the residents needs and proactive in planning, decision making and oversight of the service. The reporting systems were clear and formal with all sections carrying out their respective duties to a good standard. This was demonstrated by the cohesive 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 remedial actions taken where necessary.

Audits of adherence to the standards were undertaken regularly in each unit. These were seen to be very detailed reviews of environmental, clinical and personal care of residents. There were actions identified and evidence that these were addressed. The provider had undertaken two unannounced visits since 2015 and an annual report for the quality and safety of care for 2015 was available. This provided a detailed analysis of financial systems, clinical governance arrangements, access for advocacy services, accident and incidents ,complaints and safeguarding issues.

There were systems in place to elicit the views of residents and relatives including a twice yearly forum for relatives. The inspector was satisfied with the systems and oversight processes.

There was evidence that the provider was responsive to the changing needs of residents with reductions in numbers and additional staff resources provided to accommodate these changes.

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 current and planned staffing arrangements were suitable both in skill mix and numbers to meet the needs of the residents. The residents are assessed as requiring fulltime nursing care. The nurses were supported by health care assistants. The health care assistants were trained in FETAC level five which is the minimum requirement. Nursing support was also available in the high support day service which the residents attended.

A review of a sample of the current and planned personnel records showed evidence of good recruitment procedures with all the required documentation procured prior to staff taking up post.

A number of new staff had been recruited prior to the inspection and these were undergoing the mandatory training prior to taking up post. There was a detailed induction programme and staff supervision systems were in place.

From a review of the training matrix the inspector found that there was a commitment evident to ongoing mandatory training including manual handling, fire and safeguarding which was provided internally. All staff were found to have training in challenging behaviours, first aid and medication administration and person centred care planning.

The provider had made a significant commitment to the provision of additional staff to provide one to one supports for residents where necessary. Deployment and rostering arrangements were seen to reflect the different levels of supervision and support necessary with between two and four staff available at different times in some units. There was waking night staff in all units with an additional staff in one who could support other units if this was required. Staff had an emergency call/alarm system for use if required. There was also a night duty manager on the campus.

There was evidence that there was regular and good communication and contact between the management team and the staff in the units and the day service to promote continuity of care for the residents. Staff meetings took place circa monthly and the frequency of these was monitored to ensure consistency of care.

Staff were observed to be very knowledgeable of and diligent in addressing the residents' needs and of their own roles and responsibilities.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Carriglea Residential Service
Centre ID:	OSV-0003509
Date of Inspection:	04 October 2016
Date of response:	01 November 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of complaints did not consistently detail the actions taken to resolve the matters or the views of the complainant on the outcome.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
All staff will be advised to follow up with the complainant and complaints record in relation to:
1. Documentation to detail the steps taken to manage the complaint.
2. The actions taken in relation to the complaint.
3. Follow up with the complainant in relation to the outcome of the complaint.
4. Follow up with the complainant in relation to the details of the appeal process as necessary.

Proposed Timescale: 28/10/2016

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:
Annual reviews did not take place for all residents.

2. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
The person in charge will liaise with managers in each home to ensure all annual reviews are completed and where necessary the review will be completed if there is a change in circumstance.
The PIC and PPIM in each area will prepare a schedule of reviews by 7/11/2016
The PIC will ensure that an annual review date is scheduled for each resident by 14/11/2016 and implemented in line with the agreed timeline.

Proposed Timescale: 14/11/2016

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:
Residents did not consistently have timely access to comprehensive multidisciplinary review to ascertain the underlying causes of behaviour.

3. 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:
Behaviour support plans and safe guarding plans are in place for all service users / residents where required and as appropriate to the persons needs.

The person in charge will ensure that a comprehensive multi-disciplinary review will take place for all individuals in relation to behaviours of concern to include review of restrictive procedures. Each review will in the first instance consider if there are alternative measures before a restrictive procedure is used and that the least restrictive procedure for the shortest duration necessary is used.

A schedule for multi-disciplinary reviews for residents who present with behaviours of concern will be completed by 30/11/2016.

The multidisciplinary reviews will be planned to be completed by end of January 2017.

Proposed Timescale: 31/01/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems to ensure that residents felt safe and were protected from assaults by other residents required review.

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

Please state the actions you have taken or are planning to take:
Behaviour support and safe guarding plans are in place for all service users where required.

The impact of respite on the home is being addressed through an application to the Disability Manager HSE South for increased funding to support respite in a community setting in a dedicated respite house. The services plan to transfer the respite to a dedicated respite facility in the community in the first six months of 2017.

The service will continue on-going review through the services Admission, Discharge and Transfer Committee to reducing numbers in the homes and day service where an individual’s behaviour is impacting on peers.

The creation of additional communal space between two homes will be progressed and completed by March of 2017 which will provide residents with additional space to relax

within the home.

A comprehensive review by March 2017 will be undertaken including an interim update by December 2016. The review will include the living environment, health & welfare needs for each person within the high support setting. The review will consider the implementation of safeguarding plans and the services ability to implement residents behaviour support plans in the context of the number of incidents with the aim of providing an enhanced living environment for people.

Proposed Timescale: 31/03/2017