



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

Name of designated centre:	Corlurgan Community Home
Name of provider:	Health Service Executive
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	05 June 2018
Centre ID:	OSV-0002446
Fieldwork ID:	MON-0021699

About the designated centre

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

This designated centre provides 24 hours nursing care and currently accommodates up to 5 adults male and female with an intellectual disability over 18 to 70 years. The house is a bungalow with an entrance hall, a sitting room, and a kitchen cum dining area. There are five bedrooms one of which as an en-suite, two bathrooms and an office. In addition to this at the rear of the building there is staff sleep over facility consisting of a bedroom and en-suite. There is a large garden and decking area to the rear of the premises. Corlurgan has its own transport. The house is situated approximately three kilometres from Cavan town centre. The centre employs five full-time care assistants, five full-time nurses and a CMNII (person in charge) on part-time bases (shared responsibility for another centre). During the day there are always three staff on duty and at night one waking and one sleeping staff.

The following information outlines some additional data on this centre.

Current registration end date:	05/10/2018
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
05 June 2018	10:00hrs to 17:30hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met with the three of the five residents and throughout different times during the day observed elements of their daily lives. The residents in the centre used non-verbal communication and as such their views were relayed through staff advocating on their behalf. Residents' views were also taken from the Health Information and Quality Authority's questionnaire forms, residents' weekly staff meeting minutes and various other records that endeavoured to voice the resident's opinion.

Residents relayed on their questionnaires that they are getting the support they need to allow them achieve their goals and objectives.

Residents like that the staff are familiar to them and know how to support their needs. The majority of residents commented on their questionnaires that they really enjoy spending time in the garden.

Residents also advised through questionnaires that the staff are friendly, helpful and willing to pass on relevant information to families and that when their family visits, they are always made feel welcome.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each residents' needs, wishes and intrinsic value were taken in to account. All improvements that were required from the last inspection had been completed however, the inspector found that there was an improvement required to the notification of incidents.

There was a comprehensive information governance system in place with the provider ensuring that the policies and procedure were consistent with relevant legislation, professional guidance and best practices. They were written for the service and were clear, transparent and easily accessible. There was clear evidence

that staff understood and used the centres' policies and procedures to deliver safe and quality care. Staff advised the inspector that they each focused on a specific policy and shared the learning from it with other staff members.

Governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

Furthermore, there was a newly designed quality improvement self-assessment tool in place to assist the person in charge ensure that the operational management and administration of centre resulted in safe and effective service delivery. The inspector was informed that senior management monitored the outcomes of this plan on a quarterly basis.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector saw that staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice.

One to one supervision meeting were taking place every six months to support staff perform their duties to the best of their ability. Staff advised the inspector that they found these meetings to be valuable to their practice. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

The person in charge was committed to continuous professional development. The inspector was informed by the person in charge that she was completing a masters degree in health care and attending a course on person centred culture.

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have. The inspector saw evidence that the complaints procedure was discussed at residents monthly meetings in a format that was accessible to them.

Regulation 15: Staffing

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents.

Judgment: Compliant
Regulation 16: Training and staff development
The education and training provided to staff enabled them to provide care that reflects up-to-date, evidence-based practice.
Judgment: Compliant
Regulation 23: Governance and management
Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.
Judgment: Compliant
Regulation 3: Statement of purpose
The service being delivered was in line with the designated centre's current statement of purpose.
Judgment: Compliant
Regulation 31: Notification of incidents
Overall, notification of incidents were reported to the Authority in an appropriate and timely manner however, the inspector found that two restrictive practices had not been included on the necessary quarterly notification.
Judgment: Not compliant

Regulation 34: Complaints procedure

There was an easy to read information booklet displayed in a communal area of the house with a photograph and details of the complaints officer.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule 5 written policies and procedures were adopted and implemented, made available to staff and reviewed when required.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a warm and pleasant environment for the residents. Care and support provided to residents was of good quality.

All residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant key worker, allied health care professionals and family members.

The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Residents had an accessible format of their personal plan which contained photographs of their planned goals.

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness. Two of the residents attended a local day service five days of the week with three other residents recently returning to attending a day service on a part-time basis.

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were encouraged and supported to direct how they lived on a day to day basis

according to personal values, beliefs and preference. The inspector found that residents were supported on a step by step basis to try new activities of their choice at a pace that suited them and this was to ensure success and a positive experience for the resident.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behaviour support practices were used that they were clearly documented and reviewed by appropriate professionals.

The practice of assessment and care planning was regularly and formally reviewed and continually improved upon. The inspector was informed that on review of one residents' assessed needs, plans to restructure an area of the house to provide a independent living space for the resident, had been put forward and approved.

Residents were assisted to exercise their right to experience a full range of relationships including friendships, community links as well as personal relationships. One resident who enjoyed a gardening project was supported to include a family member join in this activity with them on a regular basis.

Residents were involved in their running of the house through meaningful household roles and tasks which in turn promoted their independence. Residents were supported to get involved in the preparation of food a mealtimes, tidying of their rooms and setting up the table at breakfast times. Residents had also completed a colourful paintwork project on the decking fence and flower boxes.

Residents were supported to engage in meaningful activities which promoted their personal development and independence. A number of the resident's were part-taking in a gardening project where they were supported to grow fruit and vegetable plants. One resident was also supported to be involved in an in-house baking project on a weekly basis.

The residents were enabled and assisted to communicate their needs, wishes and choices which supported active decision making in their lives including their care. There was a strong culture of staff advocating on behalf of the residents including providing residents with information in a style that they could understand and enable them make informed choices. The inspector observed staff communicate with residents and found that staff knew each of the residents' communication requirements and were flexible and adaptable with the communication strategies used.

The environment provided appropriate stimulation and opportunity for the residents to rest, relax and engage in recreational activities. There was a sensory room with sensory equipment which was used for foot massages, relaxation and music therapy. Overall, the physical environment of the house was clean and in adequate structural repair however, improvements were required to a number of rooms inside the house and the surface area outside the house.

The inspector found that there were good systems in place for the prevention and

detection of fire. The mobility and and cognitive understanding of residents was adequately accounted for in the evacuation procedure. The inspector saw that where concerns arose during fire drills, procedures had been updated in residents' emergency and personal plans. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice.

Regulation 10: Communication

Each resident was assisted and supported at all times to communicate in accordance with their needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were actively supported and encouraged to connect with family and friends and to feel included in their local community.

Judgment: Compliant

Regulation 17: Premises

Overall, the house was clean and in adequate structural repair however, a number of areas internally and externally required improvement; the area out the back and front of the house had an uneven surface including a dipped drain in centre of the back yard which may lead to risk of fall or tripping. The front door entrance was not wheelchair accessible. Paintwork was required to areas of the walls in the hallway and sitting room. One of the bathrooms had no shower curtain and had a hole in the wall behind the door.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire. Audits ensured

precautions implemented reflected current best practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded because staff understood their role in adult protection and were able to put appropriate procedures into practice when necessary. There was a photograph and contact details of the designated officer displayed in a communal area of the house.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to advocacy service and information about their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Corlurgan Community Home OSV-0002446

Inspection ID: MON-0021699

Date of inspection: 05/06/2018

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in Charge will provide the Chief Inspector notice in writing within 3 working days of the following adverse incidents occurring in the centre:</p> <ul style="list-style-type: none">a. the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centreb. an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centrec. any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took placed. any serious injury to a resident which requires immediate medical or hospital treatmente. any unexplained absence of a resident from the designated centref. any allegation, suspected or confirmed, of abuse of any residentg. any allegation of misconduct by the registered provider or by staffh. any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body <p>In the case of an unexpected death notified to the Chief Inspector, the person in charge will ensure that written notice is provided to the Chief Inspector setting out the cause of death when same has been established</p> <p>The person in Charge will ensure that a written report is provided to the Chief Inspector at the end of each quarter, of each calendar year, in relation to and of the following incidents occurring in the designated centre:</p> <ul style="list-style-type: none">a. any occasion on which a restrictive procedure including physical, chemical or environmental restraint was usedb. any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipmentc. where there is a recurring pattern of theft or burglaryd. any injury to a resident not required to be notified under paragraph (1)(d)	

- e. any deaths, including cause of death, not required to be notified under paragraph (1)(a)
- f. any other adverse incident the Chief Inspector may prescribe?

Provider's responsibilities:

Where no incidents are required to be notified under (1), (2) or (3) or no incidents have taken place, the registered provider will notify the Chief Inspector of this fact on a six-monthly basis

In response to the area of non-compliance found under this regulation

the inspector found that two restrictive practices had not been included on the necessary quarterly notification.

Restrictive practice protocols for the above will be developed by 29th June and will be returned in the second quarterly notifications in July 2018

Completed by July 2018

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The Registered Provider has ensured that the premises of the Designated Centre is designed and laid out to meet the aims and objectives of the service and the number of residents.
- Is of sound construction and kept in a good state of repair externally and internally
- Is clean and suitably decorated
- Cleaning charts are completed daily
- Maintenance is logged and completed when required
- Residents decorate their own rooms
- Infection control guidelines are in place.
- All equipment are serviced regularly by the manufacturer and recorded
- Equipment checklist are in place
- Assistive technology, aids and appliances is available to support and promote the capabilities of residents.
- The premises ground floor is wheelchair accessible

The registered provider has made provision for the matters set out in Schedule 6

In response to the area of non-compliance found under Regulation 17 (1) (b)

- A number of areas internally and externally required improvement
- the area out the back and front of the house had an uneven surface including a dipped drain in centre of the back yard which may lead to risk of fall or tripping,
- The front door entrance was not wheelchair accessible.
- Paintwork was required to areas of the walls in the hallway and sitting room. One of the bathrooms had no shower curtain and had a hole in the wall behind the door - **Completed by 25-6-2018**

The register provider will ensure the surface identified in the back yard of the premises is level. The registered provider will ensure that the front door entrance is wheelchair accessible

Completed by 17-12-2018

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 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	17-12-2018
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental	Not Compliant	Yellow	5 th July 2018

	restraint was used.			
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