



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

Name of designated centre:	Dungarvan Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	26 April 2018
Centre ID:	OSV-0003508
Fieldwork ID:	MON-0021425

About the designated centre

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

The centre was registered in 2015 to provide long-term residential care to 16 adults, both male and female, although the current residents are all female. TA service is provided to adults with a primary diagnosis of mild to moderate intellectual disability, autism and behaviours that challenge. The centre consists of three detached houses in different locations in a seaside town and is in close proximity to all local services and amenities. One of houses will be vacated following the completion of a new purpose build unit. There are three day services/ workshops allied to the centre, which are tailored to the residents' different needs and preferences with supported employment options available. There were 15 residents living in the centre at the time of this inspection with one respite bed being used for transition to care into the centre.

The following information outlines some additional data on this centre.

Current registration end date:	24/06/2018
Number of residents on the date of inspection:	16

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
26 April 2018	09:00hrs to 17:00hrs	Noelene Dowling	Lead
26 April 2018	09:00hrs to 17:00hrs	Liam Strahan	Support

Views of people who use the service

Inspectors met with and spoke with 12 of the residents. All of the residents said that they were very happy with their lives in the centre. They loved their own bedrooms, did many interesting activities. Residents said they saw staff as their pals and would help them with any thing they needed. They said they made decisions together about their activities, meals for the week and about the house rules. They explained how staff supported them with their care needs, advice, managing their monies, saving and shopping. They said enjoyed their work very much and looking after their own houses.

The residents had completed questionnaires with staff support in some instances. The questionnaires also indicated they were very satisfied with their lives in the centre, and felt very safe living there, liked the company of their peers and staff. Residents in one house said that they found it too small. This was in the process of being addressed by the provider and they were aware of this.

Residents spoke about the historical arrangements previously in place, whereby other residents in the service may have to use their bedrooms at holiday times. While this practice had ceased for the most part, residents still had moved to another house at Christmas time. However, residents told inspectors they enjoyed this break and being with their friends at Christmas time. Residents also said they were aware that the managers were trying to put a plan in place to deal with this.

Capacity and capability

Inspectors found that the governance, oversight and direction of the care practices were satisfactory and continued to ensure the safe and effective delivery of care to residents' benefit.

The service was well led. A new person in charge from within the organisation had been appointed in March 2018 who was suitably qualified and experienced as a manager in the service. The changeover was seamless for the residents who were very familiar with the management team.

There were robust systems and structures for quality improvement, health and safety reviews and effective and timely reviews of all accidents and incidents and good auditing systems. These structures were used effectively to promote ongoing

improvements, change and development. These systems included robust audits of residents care and support needs with actions identified and completed for improvement. The provider representative paid close attention to the changing needs of residents, monitoring how those needs were being met and planning for anticipated changes which ensured had consistent and responsive care.

While the provider had not completed the actions from the previous report in full in terms of living space in units actions had been taken to address these with a new purpose built unit almost at completion and a reduction in numbers in one unit while awaiting this.

A number of unannounced visits to each individual unit had taken place and the provider had as required compiled a detailed annual report of the service provision and future planning needs. The views of residents, families and staff were ascertained and reflected positively on the service. Actions required from such visits were seen to be completed or progressed satisfactorily.

The statement of purpose and all of the required documentation for the renewal of the registration had been forwarded in a timely manner. The service was operated in accordance with this statement.

The skill mix and staffing levels were appropriate to the assessed needs for residents who required nursing oversight but not full-time nursing care. Staff worked alone with residents but this was found to be suitable to the needs of the residents. There was part-time nursing care provided and additional nursing support was available in the centre. On call management and nursing support was also easily accessible.

Staff and managers were seen to be very familiar with the residents' needs and preferences, and fully engaged with them. There was a commitment to ongoing staff training evident and all mandatory training was completed with schedules for 2018 available. In addition to this staff had either social care or related qualifications or FETAC level five as the minimum entry requirements. This ensured staff had the skills and knowledge to meet the needs of the residents.

Recruitment practices were robust. Records also showed that there was pertinent and formal staff supervision undertaken by the person in charge. In addition, where residents had the support of long standing volunteers the systems for vetting and oversight of the arrangements were also safe.

There was evidence of responsive and proactive engagement by the provider and person in charge as to how safeguarding incidents or any concerns were managed in order to protect residents. There was a robust complaints system in place to manage these should they occur. The complaint log had been reviewed and signed off, noting the absence of complaints at the time of auditing. Residents told inspectors they had their concerns addressed promptly and locally by staff and this was observed during the inspection.

Incident reports and daily notes were reviewed. It was evident from these that the person in charge was forwarding the required notifications to HIQA and that actions

taken in relation to these were appropriate and responsive.

Residents were provided with good information about the service they should expect to receive and there was a detailed contract of care for each resident (signed by residents and representatives).

Registration Regulation 5: Application for registration or renewal of registration

A complete application for renewal of the registration of the centre was submitted to the office of the chief inspector in a timely manner.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

A new person in charge was appointed during the application process for the renewal of registration. All relevant documents were submitted to the office of the chief inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were seen to be carrying out the role effectively.

Judgment: Compliant

Regulation 15: Staffing

There were suitable staff numbers and skill mix to meet the assessed needs of residents. The staff were familiar with the residents' needs and seen to interact with staff in a respectful and dignified manner. The provider representative was seen to have reviewed staff numbers to ensure suitability of staffing arrangements.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had the range of required training, skills and knowledge to support residents. Good supervision and staff appraisal systems were in place.

Judgment: Compliant

Regulation 19: Directory of residents

Suitable directory of residents was maintained within the centre.

Judgment: Compliant

Regulation 22: Insurance

Insurance was up to date and satisfactory.

Judgment: Compliant

Regulation 23: Governance and management

The systems for management were robust and effective to ensure the safe and effective delivery of care. There was good oversight and reporting structures in place; management were actively involved in planning for the the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contracts of care and service user agreements were in place. These detailed the fees for residing in the centre and details of what was included for that fee. Admissions were informed by a suitable policy, and based on compatibility and

safety of residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The centre had a statement of purpose incorporating the information required by Schedule 1 of the Health Act 2007 (Care and Support for Persons (Children and Adults) With Disabilities) Regulations 2013. It was an accurate reflection of the service and
Judgment: Compliant
Regulation 31: Notification of incidents
Inspectors were satisfied, having reviewed records, that the person in charge had forwarded all required notifications to HIQA.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider had, as required, notified the office of the chief inspector of the absence of the person in charge.
Judgment: Compliant
Regulation 34: Complaints procedure
There were effective systems for the management of complaints. Residents informed inspectors that they could raise any issues with the staff and these would be dealt with.
Judgment: Compliant

Quality and safety

Inspectors found that residents' quality of life and safety of care was actively prioritised and managed in consultation with them and their representatives.

The provider had made appropriate arrangements to improve the premises and create a more comfortable environment for residents. Issues identified at the previous inspection primarily related to the premises in terms of space for privacy and suitable bathroom and shared bedroom facilities. These had either been resolved or were in the late stages of resolution. Only one bedroom was now shared in one unit. The residents had expressed a wish to remain in this shared room and told inspectors they liked this. There was appropriate screening for privacy in place.

Two of the units had limited communal space to allow for private space for visitors or general space for residents. The provider had initially stated this would be addressed by reconfiguring one unit and building an additional bedroom and en suite extension, which would free a bedroom for use as an additional living space. However, the fire safety systems required significant upgrade in this unit and this was given priority and was addressed. In addition, one of bedrooms was now only used occasionally for respite which helped to alleviate the problem.

The provider outlined plans to inspectors to build a sunroom in a suitable locating in the premises, which will provide suitable additional space for all residents.

In the second more problematic unit the provider had responded by reducing the number of residents to four. Significant progress in building a new premises was evident. Inspectors saw that this was at a well developed stage, fully accessible and expected to be completed in the autumn. This will replace the current unit and accommodate five residents.

The units seen by inspectors were very homely and residents had significant input into the decoration of them. They had room for numerous personal possessions and bathrooms were suitable for the residents' use. Residents had been involved in the design and lay out of the new proposed premises.

The provider and person in charge outlined plans to evaluate all residents in the centre for admission to this unit as part of the ongoing evaluation of changing needs for the residents.

Good arrangements were in place to assess and meet residents' healthcare needs. Residents had prompt and frequent access to multidisciplinary assessments of their health care and social care needs. Detailed personal support plans were implemented and residents told inspectors about these. Nursing oversight was provided weekly in each unit but there was access at all times to further nursing support in the organisation.

Staff supported the residents themselves to be informed and to take control of these

support plans and actions which arose out of them, for example, with dietary, nutrition or exercise programmes. Any health care issues were carefully monitored with good access to pertinent clinicians including physiotherapy, speech and language and neurology.

The centre supported residents to fulfill their personal goals and aspirations. Annual reviews of residents' personal plans were held and it was apparent that goals and new experiences were being identified and achieved for the residents. These goals were chosen by the residents. Social, developmental and life skill goals, which were meaningful to the residents, were identified and supported. Work experience and training options were also reviewed annually in consultation with the resident. Residents had numerous certificates for achievements in work, personal safety and self-protection training. Residents who required additional support with communication were assisted to develop their plans with social stories and pictorial images. They also had access to and support with using mobile phones and the Internet.

Systems were in place to protect residents from any form of potential abuse. There were effective systems in place to protect residents from harm and the person in charge and the provider acted promptly and effectively to address any such issues. Reporting systems, robust internal investigations and collaboration with statutory agencies in relation to these was evident. Effective safeguarding and monitoring systems were implemented where required. There was training and ongoing advice available to the residents in self-protection and staying safe in various situations and appropriate guidance on intimate and personal care was available for staff.

There was access to clinical guidance for the support of behaviours that challenge and frequent review and guidance for staff in relation to these. Residents were supported to understand and manage their own behaviours which supported their development.

Residents were supported as necessary with their financial management. There was a robust process for oversight and decision making in place regarding this, which protected residents further.

It was apparent that the residents' wishes and preferences were heard. At the previous inspection, it was necessary for residents to move to another unit or have other residents use their bedrooms at holiday times. This had been substantially addressed and was not occurring during summer or Easter holidays. However, it was still necessary at Christmas time. It was managed in a consultative manner for example, residents had been offered choice of using the respite unit at Christmas but did not wish to do so. Residents were given the choice of who would use the rooms at this time. Their personal belongings were locked away safely. The provider was aware of this and of the residents' views on it. Residents said they were happy it was reduced and did understand the reasons why it occurred. The provider said they were actively looking at options for the Christmas period to eliminate the need for this practice.

Risk management systems were effective and proportionate with clinical and

environmental risks identified and management plans implemented to keep residents safe. These included fire safety management systems and fire drills which residents were very familiar with. There were detailed and pertinent risk assessment and management plans for each resident including falls, transporting , and personal safety and clinical risks.

Infection control systems were seen to be robust and effective as evidenced by actions taken at the time of the inspection.

Regulation 13: General welfare and development

Residents choice in and supported access to a range of tailored day services / training and lifeskills according to their needs and preferences. These were regularly reviewed wit the residents.

Judgment: Compliant

Regulation 17: Premises

One of the units had limited communal space all allow for residents to have quiet time or separation of the group of residents living together.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents nutritional needs were identified and supported by staff. Residents were helped to understand and manage these themselves

Judgment: Compliant

Regulation 26: Risk management procedures

Risk were identified and managed in a safe and proportionate manner with residents involved in such decision

Judgment: Compliant

Regulation 27: Protection against infection

Systems for the prevention and management of infection were safe and where necessary additional safeguards were implemented.

Judgment: Compliant

Regulation 28: Fire precautions

Significant fire upgrades had been undertaken in one unit and all units has suitable fire safety management systems which were subject to the required checks and servicing.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the administration and management of medicines were suitable and safe with regular reviews reviews of residents medicines and and monitoring systems were used.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs .They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans demonstrated that residents were supported to understand and manage their behaviours with good access to specialist supports and guidance which staff were familiar with.

Judgment: Compliant

Regulation 8: Protection

Systems for the protection of residents were proactive and responsive and adhered to a all guidelines and legislation.

Judgment: Compliant

Regulation 9: Residents' rights

It was apparent that residents were consulted and had choices. They were provided with appropriate levels of information and guidance with which to make decisions. However some residents did have to move to other units or have other residents use their bedrooms at Christmas time due to resources. This was not in accordance with their expressed wishes.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dungarvan Residential Services OSV-0003508

Inspection ID: MON-0021425

Date of inspection: 26/04/2018

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p><i>With regard to one house having limited communal space the following is the planned action in order of preference and feasibility:</i></p> <ol style="list-style-type: none"> 1. The Provider nominee will liaise further with the local authority (from which the house is leased) to request that a previously planned extension to the premises, be allocated funding - thus providing additional communal space and increasing the size of some bed-room/en-suite bathroom facilities. 2. The Services will have a sun-room built within the limited space available to the front of the house in order to provide for additional communal space. 3. The Services will reduce the number of residents in the home from six to a maximum of five. This will create a vacant room which can be used as an additional communal space. This option will only be possible when a vacancy arises in the home. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p><i>In regard to residential house closures now confined to the Christmas Period an action plan is under development to ensure all residents' rights are respected.</i></p> <p>Residents wishes will be incorporated in planning for Christmas holidays and each person's views will be accommodated to ensure that choice will be respected.</p> <p>Factors such as reduced levels of residents in each house owing to other residents travelling home for holidays to family can leave a sense of loneliness and isolation for</p>	

residents who remain within the residential setting particularly if the remaining number of residents is at 1 / 2. The Services to date relocated people and this can be difficult for residents accordingly –

The Services will respond on a person centred basis to each resident requirements and expressed wishes

1. to remain in their home,
2. to socialize with friends
3. to celebrate the Christmas period.

In this regard a range of options will be provided:

4. a minimum of one residential house within each designated centre will remain open throughout the Christmas Holiday Period and residents will remain within designated centres supported by familiar members of staff.
5. The Respite House will be made available for the Christmas holiday period and in consultation with residents and in accordance with peoples wishes people will be offered a respite break / holiday with other residents who also may not have returned to family or friends for Christmas. In essence this option will be person centred and will be in line with peoples wishes and may provide a meaningful sense of holiday for people in the Christmas Period
6. In the case where resident's expressed wishes is to remain in their home for Christmas then the Services will begin in 2018 for some residents the process of offering the option of meeting up with friends throughout day time hours in a central location / visiting residents in other residential houses and returning to the residential house later in the evening.
7. A business case is to be submitted to the HSE for funding in respect of maintaining all residential houses open. |

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	December, 2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	To Commence In December 2018 and to be Completed By 2020

