



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

Name of designated centre:	Comeragh View Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	11 – 12 April and 28 May 2018
Centre ID:	OSV-0004961
Fieldwork ID:	MON-0021341

## About the designated centre

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

The statement of purpose describes the service as providing full time residential care for 16 adult residents, male and female, with a diagnosis of intellectual disability and additional care needs by virtue of autism and age related needs. Nursing oversight is available to the residents. There are a number of specifically tailored day serviced attached to the service which residents can access as they wish and retirement is also supported. Residents are accommodated in three residential houses with between five and six residents living in each house. The houses are suitable to meet the current and changing needs of the residents. The centre is located in a coastal town with easy access to the local community and amenities. The care and support provided was found to be in accordance with the statement of purpose and the needs of the residents.

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

Current registration end date:	24/06/2021
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
28 May 2018	09:30hrs to 18:00hrs	Noelene Dowling	Lead
11 April 2018	14:30hrs to 19:30hrs	Noelene Dowling	Support
12 April 2018	09:00hrs to 17:00hrs	Noelene Dowling	Support

## Views of people who use the service

The Inspector met and spoke with seven of the residents during the course of this inspection. Residents said they had very busy lives, which staff supported them with. They enjoyed going to various workshops and retirement clubs and attending recreational activities such as music and shopping for their clothes. They said they made decisions together at their house meetings with regard to their activities, meals for the week and about the house rules. They told the inspector they liked living together with their friends and all got on very well. They explained how staff supported them with their care needs, managing their monies, saving and shopping. Residents told the inspector they had housekeeping responsibilities which they said they enjoyed doing, they also showed the inspector their rooms which they had decorated as they wanted.

## Capacity and capability

The service was well managed with good oversight and practices to ensure the safe and effective delivery of care to the residents. The actions from the previous inspection had been addressed with one partially addressed.

There was a cohesive management structure which consisted of a clinical lead, quality and standards manager and health and safety co-ordinator and CEO. The post of person in charge was shared by two very experienced and suitably qualified people.

There were good reporting and response systems evident, which ensured the residents care needs and preferences were promptly identified and responded to.

The provider was found to be proactive in planning for changing needs of residents and ensuring that resident's needs were compatible to enable them to live together. The levels of compliance found on the inspection indicate that the governance systems achieve the best outcomes for the residents who live there.

All untoward events were reviewed and responded to immediately and were further reviewed via health and safety meetings. There was evidence of remedial actions either in terms of behaviours supports, risk assessments or environmental changes to prevent recurrences.

Audits were undertaken on medicines management, behaviour incidents, accidents and residents finances which helped to protect the residents. These systems were used effectively to promote ongoing improvements, change and development. The views of both residents and family members were seen to be actively elicited and responded to.

A number of unannounced visits by the provider had taken place and a detailed

annual report was compiled. Robust quality and safety audits were also frequent and these covered areas such as resident rights, finances, and educational supports. These audits ensured that any issues were identified and responded to as appropriate.

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 which therefore supported residents wellbeing and welfare.

The skill mix and staffing levels were appropriate to the assessed needs of the residents, any nursing care oversight was provided by the person in charge. While staff worked alone primarily, additional staff were provided to support a number of residents with their chosen activities at weekends.

Staff and managers were seen to be very familiar with and responsive to 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. Staff had a range of suitable qualifications including social care or FETAC level five as the minimum entry requirements. This ensured staff had the skills and knowledge to meet the needs of the residents under the direction of the person in charge.

Recruitment practices were safe and where long standing volunteers were supporting residents there was a definitive agreement in relation to this.

Records also showed that there was pertinent and formal staff supervision undertaken by the person in charge. There was good oversight and team meetings were held regularly to ensure staff were familiar with the residents needs and changes were responded to.

From a review of the incident reports, it was evident that the person in charge was forwarding the required notifications to HIQA and that actions taken in relation to these were appropriate, proportionate and responsive.

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

The application was complete and made in the required time frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The post is shared by two suitably qualified experienced people who

demonstrated competence in the role.

Judgment: Compliant

### Regulation 15: Staffing

The skill mix and number of staff was suitable and staff demonstrated that they had the required knowledge to support the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

All mandatory training was completed and staff also had professional training pertinent to the residents needs.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory contained all of the required information.

Judgment: Compliant

### Regulation 21: Records

The records required in relation to staff and resident were maintained.

Judgment: Compliant

### Regulation 22: Insurance

This was forwarded for the purpose of registration and was satisfactory.

Judgment: Compliant

### Regulation 23: Governance and management

There were robust and effective management systems in place which ensured the care provided to residents was suitable and safe and maximised their quality of life.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Decisions regarding admissions were made taking the needs of all residents and the capacity of the service to meet these needs into account. Contracts for services were satisfactory.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was satisfactory and care practices and admissions were found to be in line with the centres stated purpose.

Judgment: Compliant

### Regulation 30: Volunteers

The procedures for engaging volunteers helped to protect residents but also facilitated this additional personal support to the residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had consistently notified HIQA of any events



which require this.
Judgment: Compliant
<b>Regulation 32: Notification of periods when the person in charge is absent</b>
The provider had complied with the requirement to notify HIQA of the proposed absence of the person in charge.
Judgment: Compliant
<b>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</b>
There were suitable arrangements in place for the absence of the person in charge.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Complaints were seen to be managed transparently and promptly on behalf of the residents.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
The required policies were available and reviewed.
Judgment: Compliant
<b>Quality and safety</b>
The Inspector found that residents' quality of life and safety of care was prioritised and supported.

Residents' social care needs and preferences were actively encouraged. They all did interesting and meaningful activities with frequent access to all local amenities; they took part in Special Olympics and appropriate age related groups. If one activity clashed with another this was addressed so the residents could do both. They went on holidays and told the inspector of further trips they had planned and were saving for. The day services made available were tailored to their age and preferences. Staff had been redeployed to allow residents more time at home, as they wished.

Residents had good access to multidisciplinary assessments of their health care and psychosocial needs. These were reviewed as their needs changed with additional supports implemented as a result. The inspector saw evidence of and residents told the inspector that staff helped them with their healthcare and they had information so they knew how to care for themselves with support.

Multidisciplinary reviews were held as often as needed and these were seen to be comprehensive. Personal support meetings were also held which residents or their representatives attended as appropriate. New goals and experiences were decided on in consultation with the residents and these were seen to be achieved.

There were very detailed personal support plans available, which the residents were familiar with and the inspector saw that residents had ownership of their own plan. The inspector found that while some pictorial images were used in the plans these could be further enhanced to ensure the plans were fully accessible and understood by the residents.

Residents took their plans with them each day when they left the centre. This caused some concerns in relation to the safety of residents personal information and was discussed at the feedback meeting at the close of the inspection. The person in charge advised that they were already reviewing this practice.

Residents health was carefully monitored with good access to pertinent clinicians including physiotherapy, speech and language and neurology which ensured that gender and age related needs were supported. The inspector saw that staff took time to advise and inform the residents so they could understand and manage their own needs.

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. Effective safeguarding and monitoring systems were implemented where required and these were monitored. Concerns raised were addressed and the inspector saw that staff frequently checked in with residents regarding whether they felt safe or not in situations.

One area for more consistent review was identified. Where residents developed bruising either by accidental injury or self-harm detailed charts were maintained as a monitoring and safeguarding tool. These were frequently reviewed and the causes ascertained. However, there were some slight inconsistencies noted in the records of the reviews undertaken. This was discussed with the provider at the feedback meeting and it was agreed this would be rectified. Taking the overall safeguarding procedures into account the inspector was satisfied that this was a documentary

deficit only.

Residents were supported as necessary with their financial management following assessment of this. The provider acted as both formal and de-facto guardian for a number of residents. There was a robust process for oversight and decision making in place regarding this. In line with this inherent responsibility, the residents overall care and support was reviewed in this context. This protected residents further.

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 which was based on residents preferences.

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 and changes were promptly responded to.

It was apparent that the resident's wishes and preferences were elicited and heard in a number of ways. There were weekly meetings held which they participated in. There also had individual key worker meetings to ensure their voices were heard. As observed by the inspector the managers were fully engaged with the residents and responsive to their wishes. A number were registered to vote. All residents with the exception of two had their own personalised bedrooms and their possessions were documented in order to protect them. The residents who still shared a room had confirmed this was their wish. The room was spacious and comfortable.

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. All residents had personal evacuation plans and staff had alarms to raise help quickly should this be necessary.

There were detailed and pertinent risk assessment and management plans for each resident including falls, mobility, skin integrity and personal safety. Two areas for minor improvement in the premises were identified. In one house, the access to the back of house was via steps. Residents mobility needs had changed and these steps could impede easy access where equipment was needed.

The inspector reviewed one arrangement in place to accommodate residents at Christmas time. The arrangement was that as residents went to stay with families over the holiday period a number of houses in centres operated by the organisation would close. This resulted in some of the remaining residents moving to other centres where they would occupy other resident's bedrooms.

The moves were managed in a consultative manner for example; residents had been offered the choice of using the respite unit at Christmas but did not wish to do so. They also stated that they did not wish to be on their own with just staff in their own house at this time.

The residents in the centres knew each other as they attended the day services and

shared activities frequently. Residents were given the choice of who would use their rooms at this time. Their personal belongings were locked away safely. These factors mitigate the situation somewhat.

This arrangement had reduced significantly, as it was previously the case at all holiday periods as opposed to just the Christmas period. The provider was aware of the practice and of the residents' views on it and was in the process of making plans to address it fully.

Systems for the management of medicines were overall satisfactory with suitable storage and administration systems in place. There were safe procedures for the intake and disposal of medicines and regular checks on stock were undertaken. However, where medicines were given to family members on home visits there was no record of the receipt of these medicines. Most residents required some supports with medicines. While staff were aware of these and allowed the resident to participate no formal assessment of this had been undertaken.

### Regulation 10: Communication

Residents had detailed and effective communication support plans and staff understood and assisted this process.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had numerous personal possessions which they had control over themselves and these are itemised for safekeeping.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to day services and recreational activities suitable to their age and personal interests. They were supported to develop fundamental life skills.

Judgment: Compliant

### Regulation 17: Premises

The premises were very suitable for the resident needs but in one house the access to the garden exit was impeded by steps.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents dietary needs were well supported and their individual preferences were known and facilitated.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available for residents should they require admission to an acute service.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks were managed in a proportionate and effective manner. The risk register was updated as situations changed .

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable and fire safety management systems in place and effective evacuation plans were made in conjunction with the residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

While medicines management systems were safe overall there was procedure for recording the transfer of medicines to family members for administration.

While residents required supports with taking and managing their medicines this was not based on a formal assessment of their capacity to manage this.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Resident had comprehensive assessments and individualised personal plans which were developed in consultation with them. They were frequently reviewed with the residents and the suitability and outcomes monitored.

However, some further uses of imagery /symbols in the plans would enhance their access to these plans.

Judgment: Substantially compliant

### Regulation 6: Health care

All aspects of residents current and developing healthcare need were carefully identified, assessed and responded to.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had good access to to behaviour and mental health supports. Staff demonstrated an understanding of the underlying reasons for behaviours and responded in a supportive manner based on the support plans available.

Judgment: Compliant

### Regulation 8: Protection

There were preventative and proactive systems in place and used

to protect residents and respond in the event of any issues arising,

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were actively advocated for and supported. However, the practice of closing a number of houses in the organisation at Christmas time does impact on the residents who must move or whose rooms may be used by other residents.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	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 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially 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 Comeragh View Residential Services OSV-0004961

Inspection ID: MON-0021341

Date of inspection: 11 & 12 Apr & 28 May 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>The required alterations will be made at relevant exit doors in order to facilitate easy access to the garden area for all residents. This work will be done on a phased basis.</p> <p>By 10/11/2018, a ramp will installed at the exit identified during the inspection. A plan will be put in place for all exits from both houses to be made more easily accessible by July, 2019, in order to meet the changing mobility needs of residents.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A medication management competency assessment and associated risk assessments will be undertaken with all residents. Where relevant, in accordance with residents' wishes and preferences and in line with their capacity to safely manage self-medication, residents will be supported to take responsibility for their own medication.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>All residents Person Centred Plans will be reviewed and the use of imagery/symbols will be enhanced in consultation with service users - taking account of each person's</p>	

preferences and requirements. A databank of suitable symbols will be maintained for use with service users who choose to use such imagery on their care plans.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The Services will continue to consult with residents with regard to their choice of location during the Christmas holiday period, ensuring that each resident's privacy and dignity is respected in relation to his or her personal and living space and personal belongings.

Factors such as a reduced level of residents in each house due to some residents going to stay with family members over the holiday period, can leave a sense of loneliness and isolation for residents who remain within the residential setting - particularly, if the remaining number of residents is one or two. In such circumstances, the Services will consult with residents with regard to how they wish to celebrate the Christmas period and agree mutually acceptable arrangements for all residents.

A range of options will be offered:

- A minimum of one residential house within the designated centre will remain open throughout the Christmas holiday period and residents will be supported by familiar members of staff.
- The Respite House will be made available for the Christmas holiday period and in accordance with individuals' wishes, residents will be offered a respite break / holiday with other residents who are not spending Christmas with family or friends. This option may provide a meaningful sense of holiday for people during the Christmas period
- In the event of residents expressed wishes being to remain in their home for Christmas, then the services will begin in 2018 the process of offering the option to meet up with friends throughout daytime hours in a central location – visiting residents in other residential houses and returning to their own residential home in the evening.

A business case will be submitted to the HSE for the additional funding required to keep all community houses open during the holiday period.

## 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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	10 <sup>th</sup> November, 2018
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take	Substantially Compliant	Yellow	1 <sup>st</sup> October, 2018

	responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	15 <sup>th</sup> September, 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	22 <sup>nd</sup> December, 2018