



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

Name of designated centre:	Deise Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	22 & 23 March 2018
Centre ID:	OSV-0004962
Fieldwork ID:	MON-0021186

## 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 care to 18 adults, both male and female, with primary a diagnosis of mild to moderate intellectual disability, autism and behaviors that challenge. Separate accommodation is provided for males with one for females. There are three day service allied to the centre which are tailored to the residents' different needs and preferences with supported employments options available. The centre consists of three spacious, comfortable, detached houses in a coastal location and with easy access to all local facilities and amenities. All three houses were suitable for purpose, very well equipped and maintained to meet the residents' needs and afford privacy. There were 16 residents living in the centre at the time of this inspection.

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

Current registration end date:	14/07/2021
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
22 March 2018	10:30hrs to 19:00hrs	Noelene Dowling	Lead
23 March 2018	09:00hrs to 12:00hrs	Noelene Dowling	Lead

## Views of people who use the service

The inspector met with and spoke with 15 of the residents. All of the residents said that they were very satisfied with their lives in the centre. They loved their own bedrooms, did many interesting activities and could talk to staff at any time about any concerns they had. They said they made decisions together sometimes about their activities, meals for the week and house rules. They explained how staff supported them with their care needs, advise and managing their monies and saving.

The residents had completed questionnaires with staff support in some instances. These also indicated they were very satisfied with their lives in the centre, and felt very safe living there.

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 some concerns about the use of bedrooms 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

The inspector found that the governance, oversight and direction of the care practices were satisfactory and continued to ensure the safe and effective delivery of care.

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 therefore seamless for the residents who were very familiar with the management team. There were also social work services integral to the organisational structure.

There were robust systems 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.

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 both residents and families 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 fulltime nursing care. To this end a part time nurse was employed but additional nursing support was available via the person in charge and deputy. 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 related 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.

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. No complaints were recorded at the time inspection but there was a robust system in place to manage these should they occur.

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 and responsive.

An area of minor improvement was identified with regard to the information contained in residents' contracts of care. All residents had a contract for service and this was being revised to reflect changes to fees nationally. However, additional charges were not clearly defined in the new contract.

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

All documents were forwarded in a timely manner.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge has the qualifications and experience necessary and was

seen to be carry out the role effectively.

Judgment: Compliant

### Regulation 15: Staffing

The staffing levels , skill mix were suitable to meet the assessed needs of the residents. Nursing support and oversight was available.

The staff were very familiar with the residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had the required training, skills and knowledge to support the residents.

There were good supervision and monitoring systems in place for staff.

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 and the management were actively involved in the centre.

Judgment: Compliant

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

Admissions decisions were made based on compatibility and safety of residents. However, some minor additions were required to the contract to ensure additional charges were detailed.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose accurately detailed the service provided and practices reflected this.

Judgment: Compliant

## Regulation 31: Notification of incidents

From a review of records the inspector was satisfied that the person in charge and the provider forwarded all notifications as required to HIOA

Judgment: Compliant

## Regulation 32: Notification of periods when the person in charge is absent

The provider had, as required notified HIOA of the absence of the person in charge.

Judgment: Compliant

## Regulation 34: Complaints procedure

There were effective systems for the management of complaints and residents told the inspector that they could raise any issues with the staff and they would be dealt with.



Judgment: Compliant

## Quality and safety

It was apparent that residents' quality of life and safety of care was prioritised and managed in a consultative manner with the residents.

Residents had prompt and frequent access to multidisciplinary assessments of their health care and social care needs. Detailed support plans were implemented and staff were very well aware of their individual needs. Staff supported the residents themselves to be informed and to take control of these. For instance with dietary, nutrition and exercise programmes. Their health was carefully monitored with good access to pertinent clinicians including physiotherapy, speech and language and neurology.

Annual reviews were held and it was apparent that goals and new experiences were being identified and achieved for the residents.

These goals were also chosen by the residents and both social goals such as holidays and concerts were planned for and achieved. Developmental goals such as work experience and additional training were also reviewed annually in consultation with the resident. For example, a resident was starting a transition to work programme.

This is supported by access to a number of different day services, which provided training in computers, catering skills, drama and life skills. They had very good access to the local community with attendance at local matches, use all of the local facilities including beauticians and swimming pools and regular shopping trips.

Residents who required additional support with communication were assisted with social stories and pictorial images. They also had access to mobile phones and Internet.

Dietary needs and preferences were well known by staff and residents participated fully with staff in the choosing and preparation of meals and shopping for food.

There were effective systems in place to protect residents from harm and the person in charge and the provider acted promptly to address any issues, which occurred. There was a trained designated officer and social work service integral to the organisation. Reporting systems to statutory agencies were also in place and adhered to with effective safeguarding plans implemented to protect residents.

There was training and ongoing advice available to the residents in self-protection and staying safe in various situations. An external advocate was being sourced to provide support for an individual with specific decisions. 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.

Guidance on intimate care demonstrated a commitment to protecting residents dignity and integrity. Residents were supported with their financial management and the provider had commenced a process of helping residents to open their own bank accounts with safeguarding and support systems implemented. Financial records were detailed and there was an effective system for oversight of this. A number of residents were key holders for the units and were supported to manage this safely but independently.

The premises promoted residents privacy and all had spacious individual bedrooms and bathrooms with many personal belongings and certificates of various achievement.

It was apparent that the resident's 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 with residents having a choice as to who would use their rooms. 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 but would prefer it did not occur. 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 skin care, and personal safety.

Actions in relation to management of medicines required following the previous inspection had been satisfactorily resolved and systems were found to be safe and resident's medicines were regularly reviewed for impact and or side effects

## Regulation 10: Communication

Residents were supported to communicate using social stories and pictorial images and there were support plans available to facilitate this.

There was good access to media and Internet systems which were monitored for safety.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to range of day services and training based on their preferences. These were reviewed at least annually in consultation with the resident to ascertain their continued suitability.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents nutritional needs were monitored and supported and they took an active part in shopping for and preparing food themselves .

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems for identifying and managing risk were robust and proportionate.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire management systems were satisfactory. All of the fire safety equipment was in place, serviced as required and systems for containment of fire and evacuation in which resident participated were implemented.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The systems for the management of medicines were safe and all medicines were reviewed regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had access to pertinent assessments and good multidisciplinary supports. All personal plans were reviewed annually or as required and residents were fully involved in their personal planning.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs were identified, monitored and responded to promptly with suitable support plans implemented.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Behaviour support plans which demonstrated understanding of the meaning of the resident behaviours were implemented. There was good access to psychiatry and psychology which guided staff in supporting the residents.

Judgment: Compliant

### Regulation 8: Protection

The systems for prevention and responding to any potentially abusive situation were robust with prompt and appropriate actions taken to safeguard residents. The systems for oversight of care also protected residents and they received education in keeping themselves safe.

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
<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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially 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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 Deise Residential Services OSV-0004962

Inspection ID: MON-0021186

Date of inspection: 22/03/2018 and 23/03/2018

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The residents contract will be adjusted to ensure all additional charges are detailed. (Specifically charges applied for use of taxis by residents will be referenced within the contract).</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: 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.</p> <p>Residents wishes will be incorporated in planning for Christmas holidays and each persons 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 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 –</p> <p>The Services will respond on a person centred basis to each resident requirements and expressed wishes</p> <ol style="list-style-type: none"> <li>1. to remain in their home,</li> <li>2. to socialize with friends</li> <li>3. to celebrate the Christmas period.</li> </ol> <p>In this regard a range of options will be provided:</p> <ol style="list-style-type: none"> <li>4. a minimum of one residential house within each designated centre will remain open throughout the Christmas Holiday Period and residents will remain within</li> </ol>	



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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/07/2018
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	12 /2020