



Office of the Chief Inspector

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

Name of designated centre:	Carriglea Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	02 and 03 July 2019
Centre ID:	OSV-0003509
Fieldwork ID:	MON-0024140

About the designated centre

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

The statement of purpose currently details that the service provides care for 38 adult residents, both male and female with a primary diagnosis of intellectual disability. The service supports residents with a range of high support needs, based on age related and physical dependency, mental health, autism and behaviours that challenge.

Staffing is primarily nursing support which is appropriate to the needs of the residents. There is a high staff ratio with a minimum one or two waking night staff in all houses. Admissions to this centre are only accepted from those persons already living in the community centres, who may require additional clinical and staff supports.

The accommodation comprises of six individual houses located close together on a large site in a coastal town. There are between eight and four residents living in each house, with each of the houses having a distinct but connected function and staffed accordingly. All bedrooms except one are single bedrooms and there is sufficient communal space, suitable kitchens and bathrooms available for the residents. The sixth house is no longer used by this designated centre.

There are a number of day services attached to the organisation in the local community and an activities centre and swimming pool on the grounds of the centre. The number of beds has been incrementally decreasing in this centre. At the time of the inspection there were 27 residents living in the centre the time of the inspection. The provider is in the process of making and application to vary the numbers of registered beds to 32.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
02 July 2019	10:00hrs to 19:30hrs	Noelene Dowling	Lead
03 July 2019	09:00hrs to 12:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with 14 of the residents at various times during both days and spoke with five of the residents. A number of residents communicated in their own preferred manner and allowed the inspector to observe some of their routines and share a cup of tea with them.

Those residents who communicated with the inspector told how they were very happy living in the centre with their friends. They said the staff were very good to them and they got on well with everyone. One resident said he enjoyed going out and about but he would like a few more men living with him so that they could watch the matches and talk about them. He said the staff were very good to him when he had a fall and moving to this house meant he had a bit more help now that he needed it.

Another resident said the house was quieter now and this was better but maybe the house could be made a bit brighter. They talked about going to upcoming concerts and breaks away in hotels which were planned with them. They said the staff would be there to help them get around. Another resident told of her dieting plan and how this made her feel a lot better and the staff brought her to the slimming meetings.

The inspector observed that the residents were well cared for, very comfortable with the staff and the managers. Staff were very familiar with, and responsive to, the residents' non-verbal communication. The resident's daily routines were seen to be dictated by themselves during the days and not by the routines of the house. The houses were busy and the residents had significant physical and psychosocial needs. None the less, the staff were engaged with all of them and took time to communicate and spend time with the residents. One staff simply sat beside a resident as they coloured and gently communicated in this manner.

Capacity and capability

The inspector found that the governance arrangements were suitable, effective and accountable to ensure the safe and effective delivery of care to the residents in this centre. There was a clear management and reporting structure in place comprised of the Chief Executive Officer (CEO), the person in charge /clinical lead, quality and standards manager, health and safety and finance manager. There are social work and psychology services integral to the organisation.

All roles were clearly defined and carried out effectively within the organisation. All

persons demonstrated knowledge of their responsibilities under the Health Act.

The person in charge /clinical lead was suitably qualified and had extensive nursing and senior management experience. It was apparent that the person in charge and the clinical nurse managers in the houses were effectively participating in and monitoring the residents care. This ultimately ensures that the residents care is prioritised and their wellbeing and happiness was supported in this complex service.

There were robust systems for quality improvement, health and safety reviews, and reviews of the environmental, clinical and personal care needs of the residents. Audits of accidents and incidents, medicines errors, restrictions and use of PRN (administer as required medicines). All practices were scrutinised, which resulted in positive changes for the residents. There was an effective system for ensuring that changes necessary were implemented locally in each house. The CEO, on behalf of the provider, undertook unannounced visits to the centre and a detailed annual report for 2018 had been compiled. This was a comprehensive and transparent review of the service and the resident's wellbeing. It was also a strategic review of the provider's plans for the service taking the residents' changing age and health care needs into account. A number of the issues identified had already been addressed. These included; the allocation of the respite function to a community based high dependency unit; reducing the numbers of residents living in this centre, reducing the number of shared bedrooms; which now stood at one, negotiating structured weekly visits by the General Practitioner (GP).

The need for higher staff ratio in one of the houses was also noted and addressed by the provider.

The provider had satisfactorily addressed all of the three failings identified at the previous inspection. There was evidence that the provider was actively continuing to make progress with the strategic reconfiguration of the centre as detailed following the registration inspection. The overall plan also includes the closure of another house and a more suitable house being provided. All of these plans were seen to be progressing in a considered manner, taking the residents and relatives views and concerns into account. No discharges will take place and the provider's commitment to the residents over the course of their lives is evident in these plans.

This is a nurse led service and the numbers and skill mix of staff was satisfactory with fulltime or day time nursing care in all of the houses depending on the residents needs for clinical support. A number of the residents had one to one or one or 2 to 1 support, especially for external actives and physical care needs. Staff recruitment, supervision and training were satisfactory and safe. Staff also had additional clinical training in pertinent areas such as catheter care, and palliative care where this was relevant.

The statement of purpose was in the process of being amended. This was to reflect the proposed removal of one house which was in the process of being registered as a separate centre and the reduction in the numbers of registered beds in the centre. This inspection found that the statement was an accurate reflection of the practices in the centre. The provider has a demonstrated record of adhering to the

requirements to notify HIQA of prescribed events which require this.

Regulation 14: Persons in charge

The person in charge /clinical lead was suitably qualified and had extensive nursing and senior management experience. The roles were carried out effectively.

Judgment: Compliant

Regulation 15: Staffing

This is a nurse led service and the numbers and skill mix of staff was satisfactory to meet the needs of the residents. Requirement practices were safe.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision and mandatory training were satisfactory and safe. Staff also had additional clinical training in pertinent areas such as catheter care, and palliative care where this was relevant.

Judgment: Compliant

Regulation 23: Governance and management

The governance arrangements and systems were suitable, effective and accountable to ensure the safe and effective delivery of care to the residents in this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was currently correct but was in the process of being amended. This was to reflect the proposed removal of one house which was in the process of being registered as a separate centre and the reduction in the numbers of registered beds in the centre. This inspection found that the statement was an accurate reflection of the practices in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider has a demonstrated record of adhering to the requirements to notify HIQA of prescribed events which require this.

Judgment: Compliant

Quality and safety

The inspector found that there was commitment to supporting residents' rights to a meaningful and safe life in the centre. Good practice was found in systems to identify and respond to the complexity and diverse needs of the residents while supporting their individual preferences.

There was very good access to all multidisciplinary assessments for the residents needs including speech and language, physiotherapy, dietitians, neurology and mental health. Where these were not available from the community services the provider sourced them privately. There were detailed and person-centred support plans implemented for all of the residents' needs, including behaviours, skin integrity, falls, nutrition, social and community access. The inspector saw evidence of health promotion and monitoring with regular tests, vaccinations and interventions to manage both routine and specific health issues. Nutrition, weight and fluids were also carefully monitored. These enabled the residents to have the best possible quality of health and social life.

The residents' care was frequently and thoroughly reviewed via multidisciplinary meetings and their changing needs were addressed following these. Goals and plans agreed for the residents were seen to be followed through on, whether in relation to their changing healthcare, mobility or social care plans. The inspector reviewed the personal and medical records in relation to residents who had died. These demonstrated that the residents' health was carefully monitored, changes were responded to promptly and their deaths were supported in a sensitive and respectful manner. A number of residents had end-of-life care directives made, in accordance with their ages, health and preferences. These were undertaken

appropriately in consultation with the residents, relatives, where this was appropriate, and the clinical specialists.

The residents social care needs were promoted. The provider had revised the social access and therapeutic activities available to the residents in the high support secure house required following the previous inspection. The inspector found that there was increased and monitored access to the activities which the residents preferred including swimming, drives, walks, lunches out and massage. Sensory equipment was used in this house for the benefit of the residents and a further resident had been referred for a sensory assessment. This ensured that despite the limitations based on their need for safety, the impact on the residents was mitigated. The significant staff resource allocated to this house ensure this occurred.

The day-services were integral to the organisation, tailored to meet the varied needs of the residents, and included sensory therapy, physical activity, swimming, music therapy, massage, singing in the choir. There was also good communication between the services to ensure consistency of residents' care. This aspect of the residents' lives was also carefully reviewed too ensure it remained the most appropriate, helpful and enjoyable for the residents.

The inspector found that systems to protect and promote residents rights were in place. They had choices in their daily lives and they and their representatives were consulted in regard to their living arrangements, plans and supports needed. Their preferences for the minute detail of their daily routines were fully respected, including the time and place they had breakfast, when and how they had personal care undertaken, if they wanted to stay in bed or go to activities. This was observed by the inspector. There was consideration shown to the age and health of the residents. The inspector observed that in all units the residents' dignity was protected if they could not do so themselves. Staff were observed to be considerate and respectful in all of their interactions with residents.

Residents were protected by the systems for the prevention of and response to any potentially abusive interactions. Any such incidents or concerns were reviewed promptly and appropriately whether these were peer-to-peer incidents or otherwise. However, on occasions and in the context of known behaviours, residents do make statements regarding staff conduct towards them. These were usually quickly retracted and not of a very serious nature. Nonetheless, there was no protocol to ensure these were appropriately reviewed, which may place the resident at risk.

The safeguarding plans, however, were detailed and staff were found to be aware of and implementing them. The provider had a dedicated social work service and a suitably experienced designated officer appointed. There were appropriate guidelines in place for the provision of intimate care to these individual vulnerable residents and the management of resident's finances was carefully monitored.

There was good access to supports for behaviours that challenged with frequent psychology and psychiatric review. The detailed behaviour support plans available demonstrated an understanding of the meaning of the behaviours for the individual residents. The plans sought to prevent and alleviate the behaviour where possible.

In addition, the residents were supported to manage their own behaviours where possible. For example, a resident, on occasion, requested their medicines or to have the wardrobe door locked to prevent self-harm. Where medicines were used for this purpose this was found to be carefully monitored and reviewed. There was an evident reduction in such use since the previous inspection.

One of the houses in particular is designated high support for behaviours that challenge and mental health. A number of restrictive practices were implemented. These were primarily to protect residents from harming themselves. Since the previous inspection, the provider had reviewed and removed a number of these restrictions. This was facilitated by the setting up of a new individually tailored environment for a resident which resulted in a safer environment for others. A significant number of restrictions remain in a place including restricted access to the kitchens, secured front doors and windows in some instances; secure fittings, restricted access to sharps and chemicals some personal items. The rationale for these remaining restrictions had been reviewed and there was evidence that alternatives had been considered. The inspector acknowledges that the risks identified have both the potential to occur, have done so, and would have a significant harmful impact for the residents should they occur.

There were good fire safety systems evident. These included fire doors, and compartments and equipment including the fire alarm, extinguishers and emergency lighting were available and serviced as required. There were suitable and detailed evacuation plans available for all of residents, taking their need for support into account and regular fire drills were held.

Systems for identifying and responding to risk were found to be proportionate and pro-active to ensure residents safety. There were effective systems evident for learning from accident and incidents. These included prompt responses to any accidents or incidents and prompt remedial actions taken prevent re-occurrences. The risk register was detailed and identified pertinent risks including environmental, clinical and behavioural or safeguarding concerns with controls identified and in place. Each resident had a detailed risk assessment and management plan for their identified risks including choking, falls, seizure activity and self-harm. Staff were found to be very familiar with these practices for the individual residents and attentive to them which helped to keep the residents safe. Health and safety reviews were also undertaken and equipment including hoists were seen to be serviced as required. Safe patient transfer was necessary in this centre and staff had the required training with schedules in place for 2019. The inspector observed staff supporting residents with transfers in a safe and appropriate manner. The policy on infection control and the disposal of sharps was detailed and implemented as required in this service.

The provider was making progress with the plans to close one of the houses which was becoming unsuitable for the residents, within the agreed timescales. In the interim, the number of residents living in this and the other houses had reduced which ensured the any impact was mitigated. In addition, only one house now contained a double bedroom which is of a suitable size for the residents. However, the environment in the high support house for resident with behaviours of

concern is impacted on by the restrictions in place in that house. The environment is somewhat stark and lacking warmth, from fabric or colour, which would make it more homely, while still keeping the residents safe.

The garden of this house was not used. It was not secure and contains no soft areas or furnishings to make it more accessible and usable for the residents.

Otherwise the premises were homely and well maintained despite these deficits and resident's bedrooms were cosy with comfortable furnishings and linens.

Regulation 17: Premises

The provider was making satisfactory progress with the plans to close one of the houses which was becoming unsuitable for the residents, within the agreed timescales. In the interim, the number of residents living in this and the other houses had reduced which ensured the any impact was mitigated. In addition, only one house now contained a double bedroom which is of a suitable size for the residents.

However, the environment and garden space in the high support house is impacted on by the restrictions in place in that house. The environment is somewhat stark and lacking warmth, from fabric or colour, which would make it more homely, while still keeping the residents safe.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents dietary needs and preferences were well supported and monitored by the staff. There was good access to dietitians and speech and language review and staff were seen to be following the guidelines available.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed and pertinent information available to support residents should they be admitted to acute services.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems for identifying and responding to risk were found to be proportionate and pro-active consistently reviewed to ensure residents safety. There were effective systems evident for learning from accident and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The policy on infection control and the disposal of sharps was detailed and implemented as required in this service.

Judgment: Compliant

Regulation 28: Fire precautions

There were good fire safety systems evident. These included fire doors, and compartments and equipment including the fire alarm, extinguishers and emergency lighting were available and serviced as required. There were suitable and detailed evacuation plans available for all of residents, taking their need for support into account and regular fire drills were held.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall medicine management systems were safe, residents had frequent medicines reviews. There was an issue identified on the inspection which was addressed with the provider at the feedback meeting.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was very good access to all multidisciplinary assessments for the residents needs including speech and language, physiotherapy, dietitians, neurology and mental health.

There were detailed and person-centred support plans implemented for all of the residents' needs. The residents' care was frequently and thoroughly reviewed via multidisciplinary meetings and their changing needs were addressed following these.

The residents social care needs were promoted. There was increased and monitored access to the activities which the residents preferred including swimming, drives, walks, lunches out and massage, holidays and concerts. On a day-to-day basis they had recreation and activities in the houses.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were very well monitored and supported. They had regular tests, vaccinations and interventions to manage both routine and specific health issues. Nutrition, weight and fluids were also carefully monitored. These enabled the residents to have the best possible quality of health.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was good access to supports for behaviours that challenged with frequent psychology and psychiatric review. The detailed behaviour support plans available demonstrated an understanding of the meaning of the behaviours for the individual residents. The plans sought to prevent and alleviate the behaviour where possible.

A number of restrictive practices were implemented. These were primarily to protect residents from harming themselves. Since the previous inspection, the provider had reviewed and removed a number of these restrictions. The rationale for these remaining restrictions had been reviewed and there was evidence that alternatives had been considered.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the systems for the prevention of and response to any potentially abusive interactions. Any such incidents or concerns were reviewed promptly and appropriately whether these were peer-to-peer incidents or otherwise. However, there were no guidelines to manage statements occasionally made by residents in regard to staff conduct. While these were retracted promptly, and in most instances part of behaviours on most occasions this lack of protocol could put residents at risk.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was an emphasis on promoting residents individual right evident. The residents had choices in their daily lives and they and their representatives, as was appropriate in this instance, were consulted in regard to their living arrangements, plans and supports needed. Their preferences for the minute detail of their daily routines were fully respected, including the time and place they had breakfast, when and how they had personal care undertaken, if they wanted to stay in bed or go to activities and what activities they preferred.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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	Compliant
Quality and safety	
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 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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carriglea Residential Service OSV-0003509

Inspection ID: MON-0024140

Date of inspection: 02/07/2019 and 03/07/2019

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: A review of the premises and garden for the high support house will be completed by 31/10/2019.</p> <p>This review will be undertaken with the aim of developing and implementing a plan to make the house more homely and with more colour on walls and fabric and developing a plan for the garden. The action plan developed will be consistent with the support requirements and safety of the existing residents and the potential future plans in relation to closure of another residential home on campus.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: A protocol for the Service will be developed for service users who make statements regarding staff conduct towards them and where these statements are quickly retracted and not of a very serious nature. This protocol will be developed in cooperation with the designated person by 30/09/2019.</p> <p>A review of the resident's PCP file who has made statements and that are recorded will also be completed by the PIC and unit manager by 30/09/2019 and the learning from this review will form part of the developed protocol.</p>	



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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2019