



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

## Issued by the Chief Inspector

Name of designated centre:	Cove Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	10 March 2025
Centre ID:	OSV-0002087
Fieldwork ID:	MON-0042480

## About the designated centre

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

Cove Residential Services is a designated centre operated by Carriglea Cairde Services. It provides a community residential service to a maximum of 13 adults with a disability. The designated centre consists of three houses, one in a urban estate and two in a rural setting within close proximity of that town. Each house comprised of a kitchen, dining room, sitting rooms and individual resident bedrooms. The staff team consists of a social care workers and care assistants. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:	11
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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 (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
Monday 10 March 2025	09:00hrs to 05:00hrs	Conor Brady	Lead

## What residents told us and what inspectors observed

This was an inspection conducted to assess the standard of safeguarding practices in this designated centre, which was made up of three locations across rural areas of Waterford.

This centre provided care for up to 12 residents. The inspector had the opportunity to meet with 11 residents over the course of the inspection. All residents presented as being safe and well cared for over the course of this inspection.

Overall, the inspection found that residents were safeguarded in a manner that promoted their rights and well-being. Policies and procedures were in place to protect residents from abuse, and staff demonstrated a clear understanding of their safeguarding responsibilities. The inspector found good practices in place in relation to Garda vetting, staff training, safeguarding practices and documentation, and effective risk management.

Residents who were met as part of this inspection, used different means to communicate, such as verbal communication, vocalisations, facial expressions, behaviours and gestures. Some residents were met in their homes while others were met in the providers campus, whereby the residents attended a variety of day programmes and activities. The inspector, through observations, discussions with the residents, staff team and management, monitoring care practices and reviewing documentation, found that this was a safe and well operated centre.

On arrival, the inspector met with the person in charge who gave a synopsis of how the centre operated and introduced all of the residents who lived there. The person in charge facilitated the inspection by introducing the inspector to each of the three locations that made up the centre and each house was observed to be warm, homely and safe.

Residents were observed coming and going to activities, watching TV, doing table top activities, visiting friends, going for walks, eating meals and enjoying themselves.

There were no active safeguarding matters of concern at the time of inspection and any safeguarding considerations were being appropriately managed. Residents were observed to be safe and well at all times.

## Capacity and capability

The service had a clear and accountable governance structure in place, with a

professionally competent person in charge, experienced management team and designated safeguarding officer all in place. Robust safeguarding policies and procedures were found to be in place and implemented in practice. There was evidence of regular audits and reviews of safeguarding measures to ensure their continued effectiveness and good managerial oversight in respect to safeguarding was evident all the way from local management to Board oversight .

### Regulation 15: Staffing

Based on observations, staff rotas reviewed, along with discussions with the person in charge and staff members on the day of inspection, appropriate staffing arrangements were in place to meet the needs of residents. The staffing arrangements being provided in the centre were in keeping with those set out in the centre's statement of purpose as confirmed by the staff rotas reviewed. The rotas reviewed also indicated that there was a continuity of staff support provided for residents. This is important in promoting consistent care and professional relationships between residents and staff

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training, supervision/appraisal records reviewed indicated that all staff working in the centre had received appropriate training in relevant areas such as safeguarding, fire safety and infection prevention and control (IPC). Staff had good knowledge of safeguarding policies, procedures and processes. For example, staff knew how to report and record any allegations/disclosures and were very familiar with residents needs, how to safeguard residents and provide high quality care.

Judgment: Compliant

### Regulation 23: Governance and management

The overall compliance levels found during this inspection were very positive. A strong, fit and competent person in charge was in place. Good governance structures were evident at all levels of this service. An on-call system was in operation that allowed staff to seek out-of-hours support if required. There was a clear and accountable safeguarding and incident reporting system in use in the centre. This allowed incidents which involved residents or had the potential to impact residents to be reported to management of the centre and responded to

appropriately. There was a system of audits in place for the centre and an annual review of quality and safety of care and support which included auditing Circles of Support, Person Centred Planning, Risk Management, Health & Safety, Safeguarding, Complaints, Open Disclosures and Confidential Recipient. The inspector found residents well protected by the safeguards in place.

Judgment: Compliant

## Quality and safety

This inspection found that the needs of residents were being appropriately supported in this centre. This contributed to residents having a very good quality of life. There were no specific safeguarding concerns identified during this inspection and the inspector reviewed safeguarding plans which showed how the service managed peer to peer safeguarding concerns. The inspector found a good and responsive system in place which prioritised the safety needs of the residents.

From a safeguarding perspective, safeguarding plans were in place where required and had been subject to regular review by the provider's designated officer (person who reviews safeguarding concerns) and management team. Staff spoken with during this inspection demonstrated a good awareness of the importance of resident safeguarding and safeguarding plans.

There were no concerns in terms of the quality and safety of service being delivered in this centre.

## Regulation 13: General welfare and development

Residents were found to be well cared for and were observed to be very happy and content in their lives. Residents told the inspector directly that they felt safe and that they liked where they lived and who they lived with. Residents identified staff who they could go to if they had a problem or needed help with something. Residents were observed watching the movie 'The Goonies', eating their lunch and doing table top activities. The inspector observed that each location inspected was a homely environment set up to support residents with their own individual needs. There were large family rooms/communal areas for residents to receive visitors .

Judgment: Compliant

## Regulation 17: Premises

Based on observations during this inspection, the premises provided for residents to live in was seen to be clean, well-furnished and well-maintained across all three locations inspected. Each resident had their own individual bedroom, all 12 of which were seen during this inspection and were observed to be personalised and decorated to a high standard to the residents tastes and preferences. The premises was provided with ample communal space and bathroom facilities for residents. No issues were observed or raised relating to the provision of storage in the centre nor were any accessibility issues noted. Resident bedrooms were large en suite rooms in the majority of cases.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector reviewed a record of incidents and accidents in the centre, the risk register and a sample of resident's individual risk assessments. In addition, they discussed presenting risks with the person in charge and staff. For example, resident falls, behaviours and changing medical needs. The risk register and residents' individual risk assessments were found to be comprehensive, and regularly reviewed. Risk rating and control measures were found to be proportionate to the presenting risks.

The person in charge discussed the importance of completing incident trending and this was leading to an update of the relevant documentation and learning as a result of these reviews was shared with the provider and staff team. Where safeguarding risks were identified the necessary measures were put in place to control these risks.

Judgment: Compliant

## Regulation 28: Fire precautions

The systems in place for fire safety management had improved since the previous inspection. There was evidence of follow up and regular fire drills in all locations. Staff could clearly and comprehensively demonstrate safe evacuation of residents from each of the three locations that made up this centre.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal

evacuation plan in place which appropriately guided staff in supporting residents to evacuate. These were located inside residents bedroom doors also for ease of location. Maintenance staff were on site servicing equipment on the day of inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents living in this centre had individualised personal plans which outlined their needs. The inspector reviewed a sample of these plans and found that they had been informed by relevant assessments, had been reviewed within the previous 12 months, were available in accessible formats and were subject to multidisciplinary review. A person-centred planning process was also used to identify goals for residents with residents' families/circles of support involved in this process. Residents were supported to maintain relationships with relatives through phone calls or visits. Such findings indicated that the personal and social needs of residents were being well met while also indicating that residents were enjoying a good quality of life.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some safety restrictions were in use in this centre however the inspector found overall the centre was operated in

From reviewing reports in this centre, some residents could display certain behaviours. However, staff and management spoken with were aware of this and how to support the residents in these area while it was also indicated that these behaviours did not impact the other residents living in this centre once a proactive approach was utilised. The relevant positive behaviour support plan provided guidance for staff in this area. Training records reviewed indicated that all staff working in this centre had completed relevant training in de-escalation and intervention.

Judgment: Compliant

### Regulation 8: Protection

No specific safeguarding concerns were identified during this inspection. The inspector found an overall good approach to safeguarding, protection and keeping residents safe.

Positive elements of safeguarding practices identified during this inspection included; There were three open safeguarding plans at the time of this inspection. Staff spoken with were aware of plans which had also been raised at staff meetings based on records reviewed. The active safeguarding plans had been subject to regular review by the provider's designated officer. Staff spoken with during this inspection were also aware of who the designated officer was and demonstrated a good awareness of how any safeguarding concerns were to be reported. Such staff also had a good understanding of the different types of abuse that can occur, such as physical abuse and institutional abuse.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant