Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Carriglea Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	07 and 08 February 2024
Centre ID:	OSV-0003509
Fieldwork ID:	MON-0033220

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 13 adult residents, both male and female with a primary diagnosis of intellectual disability. The service supports residents with high support needs, based on age related and physical dependency, mental health, autism and behaviours that challenge. The staff team comprises of nurses and care assistants. Admissions to this centre are no longer accepted in line with the service plans to de-congregate. The accommodation comprises of three individual houses, Oaklands, Beechview and Shalom and these are located close together on a large campus based site in a coastal town in Co.Waterford. Local amenities in the area include, shops, pubs, cafe's, hairdressers, sports grounds and walkways. There is a number of communal spaces, kitchens and bathrooms facilities available to the residents throughout the three premises. 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 campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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 (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
Wednesday 7 February 2024	09:30hrs to 17:00hrs	Sinead Whitely	Lead
Thursday 8 February 2024	09:30hrs to 14:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an announced inspection to inform a registration renewal decision for the designated centre. Overall, the inspection noted positive findings and good levels of compliance with the regulations reviewed.

There were 13 residents living in the centre on the day of inspection and the inspector had the opportunity to meet with nine of them. The residents lived in a campus based setting which consisted of three houses, Oaklands, Beechview and Shalom. Oaklands and Beechview were connected by a large recreational space. Each house had reduced in resident numbers over recent years and the provider was working towards an overall de-congregation plan. The campus setting had a main building with offices, a board room, storage and kitchen and laundry facilities. The campus also had buildings with day services, a swimming pool, a church, other residential homes and was surrounded by well maintained grounds and a picturesque woodland walkway which was used regularly by all the residents.

On the morning of the inspection, the person in charge facilitated a walk around the three houses in the centre. On arrival to the first house, Shalom, residents were going about their normal days. Some were getting ready to go into town for a cup of coffee and one resident was had just returned from swimming. The inspector had the opportunity to sit and have a cup of tea with two residents at this time. One resident spoke with the inspector and told them about how long they had lived there and about times gone by. They voiced that they were very happy when asked, and liked all the staff that supported them. The second resident used non-verbal methods to communicate and appeared content sitting in their home and observing their surroundings. A resident then showed the inspector their bedroom, which was decorated in line with the residents preferences and well maintained. The resident appeared happy with their room and proud of their personal space. This resident also had their own living room situated beside their bedroom and used this room to relax and as a quiet space to chat with visitors. During the walk around the rest of the house the inspector noted lots of space in the centre. Including some spare rooms which were used by the residents for storage of personal belongings. A number of restrictive practices were noted in place around the home, including three locked bathrooms, locked presses and wardrobes, plastic screens and sensor alarms. Bathrooms did not have open access to toilet paper. The person in charge explained that these were all in place secondary to identified high risks. The inspector continued the walk around and viewed both Oaklands and Beechview. The inspector noted that a flower arranging class was beginning at this time in the shared space connecting these two houses, and a number of the residents were in attendance. Some residents were observed relaxing in their bedrooms or living areas. Another resident showed the inspector their bedroom and then decided to relax on his bed and listen to some traditional music. Some minor outstanding maintenance work was noted around the premises such as scratched flooring, scratched woodwork, an area in need of dusting, chipped paint and a rusting pipe.

All residents had access to a range of very individualised activation. During the walk round the centre, the inspector noted that each resident had an individualised activation schedule prominently displayed in an accessible version in their bedrooms. Day services and schedules were tailored to suit the residents individual needs and preferences and were regularly reviewed and changed if needed. Regular activities included swimming, day trips, massage, cookery, drama, reflexology, flower arranging, art classes, meals out and holidays. Pastoral care was also provided within the service and mass was offered once a week in the church on campus. Residents were also supported to attend their different appointments in the community such as healthcare appointments, hair cuts and beauty treatments.

On the second day of the inspection, the inspector met with some more residents. One resident communicated they were happy living in the centre and liked the people they lived with and the food. Another resident showed the inspector their toy dog which they were very fond of and other residents were seen relaxing, getting ready to head out or going about their normal daily routines. Five residents had completed satisfaction questionnaires, with support, and all of these reported positive feedback on the service provided. The inspector spoke with one family member on the second day of the inspection, by phone, who also reported high levels of satisfaction with the service provided to their daughter.

The staff team in the centre comprised of nursing staff and healthcare assistants. The centre also had shared support from resources on campus such as laundry staff, kitchen staff, clerical support and activation staff. Familiar, warm and respectful interactions were observed between staff and residents on the day of inspection. Staff spoken with appeared to know the resident needs very well.

In general, based on the areas reviewed and from speaking with residents, the inspector found that the centre was a well-run service with appropriate supports in place to meet the residents assessed needs. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The majority of areas inspected were found compliant with the regulations, some areas noted in need of improvements were the annual review of the centre, the premises, staff supervision and behavioural support practices, as detailed below under regulations 23, 17, 16 and 7.

Capacity and capability

The provider was demonstrating the capacity and capability to provide a safe service to the residents in the three houses. This centre was found to be well managed and was delivering very good levels of care, support and oversight to the residents. This was a campus based setting, with some institutional practices taking place such as a central kitchen and laundry services, however the inspector was satisfied that the provider was endeavouring to provide a person-centred individualised service to the

residents living there and was working towards a de-congregation plan which had made great progress in recent years. Overall, residents were afforded a good quality service that had a positive impact on their quality of life.

There was a full time person in charge in place who had been recently appointed to the role, and was suitably experienced and qualified to effectively manage the designated centre and met all requirements set out in regulation 14. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The person in charge was present on the day of inspection and was found to be knowledgeable regarding the residents' individual needs. There was consistent oversight of the service being provided with audits and reviews regularly completed by the management team. The inspector found that while there was regular oversight of the service provided, the annual review of the centre completed by the provider did not include evidence of consultation with residents and their families. The review also did not have an action plan for areas in need of improvements. The inspector acknowledges that separate to this report, it was evident that residents and their families were regularly consulted regarding their satisfaction with the service provided.

There was appropriate staffing levels and skill mixes in place to meet the needs of the residents. Staff had completed mandatory training in areas including, fire safety, manual handling, infection control and safeguarding. A policy was in place for one to one staff supervisions to take place annually, however the inspector found that this did not always happen with all staff over the past year.

Regulation 15: Staffing

The centre had a clear whole staffing equivalent set out in their statement of purpose and this was found to be appropriate to meet the needs of the residents and was reflected accurately in the centres staff rota. The staffing skill mix was found to be appropriate to meet the needs of the residents. The inspector completed a review of the nursing staffs registration pin renewals with An Bord Altranais and found that these were all up-to-date. Positive and kind interactions were observed between staff and residents on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training and refresher training was being completed by all staff in areas including fire safety, manual handling, safeguarding, infection control, management of behaviours that challenge and food safety. Training was regularly reviewed by HR

and the management team and refresher training was scheduled when required.

There was a process in place for staff to receive one to one appraisals with a line manager. This was to occur once per year as per the providers own policy. However, following a review of staff appraisal records it was found that this had not always happened in line with the providers own policy over the past year. This had been an action from the centres most previous inspection in 2023, which had not been appropriately addressed in line with the compliance plan response submitted to HIQA.

Judgment: Not compliant

Regulation 22: Insurance

There was an appropriate certificate of insurance in place for the centre which insured against risk of loss or damage to the property and/or injury to residents. This was submitted by the provider, to HIQA, as part of the centres registration renewal process.

Judgment: Compliant

Regulation 23: Governance and management

There was regular checks, audits and general oversight of the service provided by staff, the person in charge, quality manager and senior management team. Management systems were clear and robust and the centre was being effectively managed and run by a competent management team. The provider had completed an annual overview report of the care and support provided in the centre. However, this report was not a clear review of the levels of compliance with the regulations or standards. The report completed by the provider did not include evidence of consultation with residents and their families. The review also did not have an action plan for areas in need of improvements. However, separate to this report, it was evident that residents and their families were regularly consulted regarding their satisfaction with the service provided.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place which was found to meet the the

requirements set out in Schedule 1. This included staffing arrangements, the care and support needs of the residents and a description of the designated centre. This was submitted by the provider, to HIQA, as part of the centres registration renewal pack.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents or their representatives communicated no complaints with the inspector on the day of inspection. The centre had a clear and accessible complaints procedure in place and a designated complaints officer. There was a log maintained of any complaints received and how they were managed. Residents and their families were regularly consulted regarding their satisfaction with the service provided. Five residents had completed satisfaction questionnaires on the day of inspection, and all of these reported positive feedback on the service they received.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies and procedures in respect of the designated centre were in place and had been reviewed within a three year time frame. Inspection findings indicated that service policies were regularly informing staff practices.

Judgment: Compliant

Quality and safety

Overall, the inspector found the provider was providing a quality and person-centred service to the residents living in Carriglea Residential Service. The inspector reviewed a number of areas on the day of inspection to determine the level of quality and safety of care and support. This included a review of the physical premises and fire safety equipment, speaking with residents, observing care practices and a review of key documentation such as care plans, behavioural support plans, audits and reviews and risk management documentation. In general, a review of all these areas demonstrated that safe and effective care was being provided in the centre.

The inspector found that the premises was an appropriate size and layout to meet

the needs of the residents. Fire fighting equipment was noted around the centre during a walk around, and this was all subject to regular review and servicing. Some minor outstanding maintenance work was noted around the premises such as scratched flooring, scratched woodwork, chipped paint and a rusting pipe. Some of this was being addressed on the day of inspection. Some improvements were required in the area of positive behavioural support. Some restrictive practices were noted around the centre that had not been recognised as such, and it was noted that one residents behavioural support plan required re-review as detailed under regulation 7 of this report.

In general, inspection findings were very positive with good levels of compliance noted in areas including personal planning, risk management, fire safety and safeguarding. Some small areas in need of improvements were noted in areas such as premises, behavioural support, and staff supervision. The provider was, for the most part, self identifying any areas in need of improvements and was ensuring that the residents were in receipt of appropriate care in line with their assessed needs and were regularly consulted regarding their views and thoughts on the service provided in the designated centre.

Regulation 17: Premises

The premises comprised of three houses, Shalom, Oaklands and Beechview. All three premises were an appropriate size and layout for the number and needs of the residents. This was a campus based setting, with some institutional practices taking place such as a central kitchen and laundry services. The provider was working towards a service de-congregation plan. Overall, the premises was maintained in a reasonably good state of repair. However, some minor outstanding maintenance work was noted around the premises such as scratched flooring, scratched woodwork, chipped paint and a rusting pipe. Some of this was being addressed on the day of inspection.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were a number of risk management systems in place in the centre with evidence of good oversight of ongoing risks. There was a service risk register in place which identified a number of specific risks and had been reviewed on a regular basis. There were also individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. When an individual risk was identified, a corresponding care plan was developed for the resident. For example if there were falls risks, a mobility care plan was developed and reviewed for the resident. The centre had an up-to-date risk management policy in place

which was also subject to regular review. The service had a health and safety team in place, who regularly reviewed any health and safety risks or hazards.

Judgment: Compliant

Regulation 27: Protection against infection

There was a clear service policy in place for protection against infection in the centre. Infection control risks were being identified by staff and the management team, and appropriately risk assessed and mitigated. The centre had experienced some outbreaks of COVID19 and these had been managed appropriately and the centre had developed COVID19 management plans. The inspector noted some unused sinks around the premises and noted that staff were regularly checking and flushing these sinks to prevent the risk of water-borne infections in the water systems.

The centre was overall visibly clean on the day of inspection. Some minor areas in need of improvements were identified and these were addressed by the person in charge on the day of inspection. Some minor outstanding premises works were also noted on the day of inspection, as highlighted under regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

There was adequate firefighting equipment in place in the centre, and this was all in working order on the day of inspection. During a walk around the centre, the inspector noted fire alarms, fire doors, fire extinguishers, and emergency lighting. Equipment was being regularly serviced as required.

Fire drills were being conducted in the centre regularly and these simulated both day and night time conditions. Drill records demonstrated that staff and residents could evacuate the centre in an efficient manner in the event of a fire. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place. Fire safety systems were regularly checked and audited by staff, management and fire specialists.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal plans in place which were regularly reviewed by the staff team. Plans were in place for any identified health care needs and residents all had individual goals in place which they were being supported to work towards. Residents experienced annual person centred planning meetings, where staff and management completed a full review of the residents plan of care and their goals for the year ahead.

All residents had access to a range of very individualised activation. During the walk round the centre, the inspector noted that each resident had an individualised activation schedule prominently displayed in an accessible version in their bedrooms. Day services and schedules were tailored to suit the residents individual needs and preferences and was regularly reviewed and changed when needed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours that challenge and staff had access to training in positive behavioural support. The inspector noted that a range of therapeutic interventions were regularly implemented in the centre to support residents with behaviours that challenge and staff were utilising behavioural support tools such mood charts and ABC charts, in conjunction with recommendations from the residents multi-disciplinary team. However, it was found that one resident who presented with behaviours that challenge, had not experienced a review of their personal behavioural support plan for an extended time. This posed a risk to the resident at times when their behaviours escalated.

A number of restrictive practices were noted in place around the home, including three locked bathrooms, locked presses and wardrobes, plastic screens and sensor alarms. Bathrooms in one house did not have open access to toilet paper. The person in charge explained that these were all in place secondary to identified high risks and this was clear in residents corresponding risk management documentation. However, some of these practices had not been recognised by the service as restrictive practices in line with national policy and were not being recorded or reviewed as restrictive practices. These had not been notified to the Chief inspector as restrictive practices on the centres quarterly reports. The service was in the process of developing a human rights committee at the time of the inspection.

Judgment: Not compliant

Regulation 8: Protection

There were processes in place to ensure that residents were safeguarded. All staff

had received up-to-date training in the safeguarding and protection of vulnerable adults. Any safeguarding concerns identified, were treated in a serious and timely manner and mitigating measures were implemented in the centre to reduce any identified safeguarding risks. There was a service designated safeguarding officer in place to for the management and reporting of any safeguarding concerns.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Carriglea Residential Service OSV-0003509

Inspection ID: MON-0033220

Date of inspection: 07/02/2024 and 08/02/2024

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All outstanding staff appraisals are now completed. Appraisals will now be scheduled in line with policy.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Future Annual Reviews of Quality & Safety of Care & Support will now be completed using HIQA template and will include evidence of consultation with families and relevant actions will be identified.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Issues identified on inspection and any other maintenance requirements will be added to maintenance schedule and will be completed by 30/06/24 including repairs to scratched flooring / woodwork, repainting chipped paint and repairs / replacement of rust piping.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The personal behavior support plan review now is completed for a resident who was identified inspection as not having a review for an extended period.	

An audit of restrictive procedures was completed and previous unrecognized restrictive procedures including locked bathrooms locked presses and wardrobes will be reflected in care plans and notified in quarterly returns to the Chief Inspector.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	13/03/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2024
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to	Substantially Compliant	Yellow	30/09/2024

	in subparagraph (d) shall provide for consultation with residents and their representatives.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/04/2024