

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:	Unannounced
Date of inspection:	27 March 2025
Centre ID:	OSV-0003509
Fieldwork ID:	MON-0046683

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
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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 (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
Thursday 27 March 2025	12:30hrs to 18:00hrs	Conor Brady	Lead
Friday 28 March 2025	09:30hrs to 13:00hrs	Conor Brady	Lead

What residents told us and what inspectors observed

The inspector conducted this unannounced inspection over 2 days and focused specifically on safeguarding measures in place across the centre's three locations, ensuring the safety and well-being of the adults with disabilities who lived there. The centre provides residential and day services to a number of residents (wraparound care), promoting a high standard of safe care and support for residents. Residents across this centre had high levels of dependency needs, some residents were elderly, had clinical support needs and complex behavioural support needs. The inspector found a busy service that was well managed, staffed and residents who were very well looked after.

The inspector met with all of the residents who lived in the centre who stated they were happy and felt safe in their homes. Residents were observed being well cared for by staff who knew them and their specific care needs very well. The inspector had the opportunity to meet with visiting families who were highly complimentary about the centre and how well their loved one had been looked after for many years. Families knew they could approach the a management and staff in the centre and complain if necessary and told the inspector they were always responded to. Both residents and families were highly complimentary about the centre and the staff working with them.

This report highlights the findings of the inspection, demonstrating a strong commitment to safeguarding and high-quality service provision.

Overall the inspection found that was a very safe and high-quality service in all areas inspected. The centre demonstrated a robust safeguarding framework, well-trained staff, and a strong culture of respect and dignity for residents.

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. The inspector reviewed a series of safeguarding notifications, incidents/accidents, disclosures and safeguarding plans as part of this inspection. All residents were found to be well protected by the systems of oversight in place.

The person in charge was on duty on the day of this unannounced inspection and

found to be managing the service well. The provider indicated plans to reconfigure this centre to reduce the levels of responsibility and accountability on the person in charge, due to high work volumes and complex needs of the residents.

There was evidence of regular provider audits and reviews of safeguarding measures to ensure their continued effectiveness and the inspector found good managerial oversight in respect to safeguarding. Strong levels of safeguarding oversight was evident all the way from local management to Board oversight .

Regulation 15: Staffing

The centre had a clear and suitable 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.

Staff were observed being very respectful supporting residents with dining (food and nutrition), residents being supported with personal care and residents having behavioural outbursts/episodes were observed to be managed very well in line with their care plans.

The staffing skill mix was found to be appropriate to meet the needs of the residents.

The inspector completed a review of a sample of 15 staff personnel files (including agency) and training records and found that all staff had been appropriately Garda Vetted and provided with induction and training in key areas, including safeguarding and positive behavioural support.

Positive, respectful and kind interactions were observed between staff and residents on the day of inspection. Staffing levels at morning, afternoon, evening and night-time were all reviewed and found to be sufficient.

Judgment: Compliant

Regulation 16: Training and staff development

The inspection found that staff were well-trained, competent, and committed to safeguarding residents. Staff were being supervised and appraised in line with the providers policies and procedures.

- All staff had completed safeguarding training, with regular refresher courses in place.
- Additional training in positive behaviour support and de-escalation techniques

further enhanced resident safety.

- Staff demonstrated a person-centred approach, fostering a culture of respect and inclusion.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a highly effective governance structure that promoted accountability and high standards of care.

- Regular audits and reviews were conducted to assess the effectiveness of safeguarding measures. For example, the inspector reviewed audits of medications, finances, nursing care, safeguarding plans, quality of life outcomes and staff training/rosters.
- A designated safeguarding officer was in place and accessible across all three locations. The person in charge had centralised oversight of all safeguarding plans and reports in the centre and discussed this in detail with the inspector as part of this inspection.
- Staff supervision and team meetings provided opportunities for continuous learning and reflection on best safeguarding practices.

Judgment: Compliant

Quality and safety

The inspection concluded that this centre provided an exceptionally safe and high-quality service across its three locations.

Strong leadership, well-trained staff, and a culture of respect and inclusion contributed to the high quality safeguarding practices observed.

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 a number of safeguarding concerns identified during this inspection and the inspector reviewed safeguarding plans which showed how the service managed incidents, disclosures and peer to peer safeguarding concerns. The inspector found a good and responsive system in place which prioritised the safety needs of the residents.

This unannounced inspection checked each location of this centre at different times over a two day period and found good, well managed and safe systems in place for residents. Residents and their families told the inspector that they were very happy and felt safe in the centre.

Regulation 11: Visits

Families were supported and encouraged to participate in residents lives through circle of support meetings, visits and ongoing contact.

Residents had ample time and space to receive visitors and this was observed as part of this inspection. Family members spoke to the inspector and highlighted that they visited the centre regularly and were very happy with the care provided, the standard of accommodation, hygiene and food and nutrition.

The family complimented the staff and management of the centre and stated they knew how to make a complaint, give compliments and communicated with staff and person in charge regularly in person and on the phone.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in all three locations reported feeling safe, respected and valued.

- There was a strong emphasis on promoting independence and personal choice.
- The physical environments across the locations were well-maintained, secure, and conducive to a positive living experience. One area was quiet secure/restricted due to the specific behaviours presented by the residents that lived there. Based on some of the behaviours observed on this inspection, i.e. (meal time experiences) such restrictions were assessed as required to keep residents safe.
- Residents had access to meaningful activities and community involvement, enhancing their overall well-being. For example, holidays, concerts, trips, swimming, study groups, walking, beach and jacuzzi.

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 resident bedrooms were seen during this inspection and were observed to be personalised and decorated 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. Communal sitting rooms were available and residents had space to receive visitors in private.

Each location was located on the providers campus. One location was observed to be very restrictive by design, due to the behavioural presentation of residents with specific soft furniture, locked doors and a sterile environment. This was risk assessed to keep the residents living in this part of the centre safe at all times.

Judgment: Compliant

Regulation 26: Risk management procedures

Effective risk management systems were in place to identify and mitigate risks, promoting a secure and person-centred environment.

The centre had effective risk management systems in place to prevent and respond to any safeguarding concerns.

- Risk assessments were regularly updated, ensuring proactive identification of potential issues.
- All incidents were appropriately recorded and reviewed, with lessons learned applied to enhance safety.
- Communication with families and external agencies was well-managed, ensuring transparency and collaboration in safeguarding matters.

Judgment: Compliant

Regulation 28: Fire precautions

The systems in place for fire safety management were found to keep residents safe. 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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents living in this centre had individualised personal plans which outlined their needs, wishes and preferences. 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. Families had the opportunity to attend circles of support meeting. Residents were supported to maintain relationships with relatives through phone calls and/or visits. Residents were observed relaxing and doing activities they enjoyed. Overall the personal and social needs of residents were being well met, indicating that residents were enjoying a good quality of life.

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 strategies in conjunction with recommendations from the residents multi-disciplinary team.

Residents behavioural support plans were reviewed and up to date. Two residents who engaged in behaviours of concern were observed being supported in line with their care plans. One resident dropped to the floor regularly and another resident was a risk of ingesting inedible objects. There were clear risk assessments and behavioural support plans in place for both residents.

<p>A number of restrictive practices were noted in place around the centre , including locked doors and restricted access to the kitchen. The person in charge explained that these were all in place to manage identified high risks and this was clear in residents corresponding risk management documentation and were regularly reviewed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>Comprehensive safeguarding policies and procedures were in place, ensuring all residents were protected from harm.</p> <p>The centre had a well-established safeguarding policy aligned with national guidelines. Staff were knowledgeable about safeguarding procedures and had clear reporting structures in place.</p> <ul style="list-style-type: none"> • All staff had completed mandatory safeguarding training and demonstrated a strong understanding of their responsibilities. • There were no safeguarding concerns at the time of inspection, and all historical concerns had been appropriately managed.
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>Residents were supported to make choices and participate in the daily running of the centre. Residents were facilitated to make choices using visual supports and through staff observing their reactions to different activities. Elderly residents were observed being well supported with activities such as reading magazines, colouring, flower arranging and watching TV.</p> <p>Residents were supported to understand what was happening during the day and which staff was supporting them. Visual calendars were in place to support residents to understand upcoming events.</p> <p>Residents meetings took place which covered topics such as social activities, meal planning, activities etc. Residents rights were included in audits which ensured that rights remained at the centre of care provided.</p>
<p>Judgment: Compliant</p>

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
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
Regulation 9: Residents' rights	Compliant