



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

## Issued by the Chief Inspector

Name of designated centre:	Ormonde Square Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	09 January 2025
Centre ID:	OSV-0005697
Fieldwork ID:	MON-0046041

## About the designated centre

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

The centre is designed to provide long-term care for two adults, currently male and female with intellectual disability and high support needs. The accommodation consists of two separate but interlinked apartments located in a small development of similar housing units. Suitable high support, individualized programs of care are provided for the residents.

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

Number of residents on the date of inspection:	2
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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 9 January 2025	09:00hrs to 17:00hrs	Conor Brady	Lead

## What residents told us and what inspectors observed

This was an inspection to primarily look at the safeguarding arrangements in this centre. The inspector reviewed all policies, procedures and protocols pertaining to adult safeguarding.

On arrival the inspector met with the two residents, the person in charge and staff members on duty.

The inspector observed a safe, warm homely environment. Residents presented as very happy and content. They were being supported in line with their preferences. For example, one resident was singing with a staff member who was playing guitar. Another resident was getting ready to go swimming after getting up having a shower and having some breakfast.

Staff on duty were observed to be very caring and respectful. Staff members spoken with were incredibly knowledgeable about the residents' assessed needs and their individual wishes and preferences. Staff members were very safety aware and also demonstrated strong levels of awareness of resident safeguarding and explained the various measures and considerations that ensured safeguarding was always a paramount consideration.

Overall the inspector found a safe, high quality, well run centre that provided very good care to the two residents that lived there.

## Capacity and capability

The inspector found very strong systems of governance and management in this centre.

Resident safeguarding was a high priority and this was found to be evident at all levels of service provision. For example, the inspector spoke with the Chief Executive Officer (CEO), Director of Services, Designated Safeguarding Liaison Person, Person in Charge and all staff and found consistent knowledge, understanding and implementation of effective safeguarding principles and practice. The registered provider's Board of Management minutes were also reviewed as part of this inspection and the safeguarding of residents was a standard agenda item at Board meetings. Residents were safe and very well protected, supported and cared for in this centre.

## Regulation 14: Persons in charge

There was a full-time skilled, experienced and qualified nurse in place as person in charge of this centre. There were strong local governance systems in place and the person in charge demonstrated a high level of competence and professionalism in their management of this centre. The person in charge worked within the centre and had very effective auditing, oversight, supervision and support measures in place for residents and staff.

Judgment: Compliant

## Regulation 15: Staffing

Staff members on duty were found to be highly professional and knowledgeable in terms of residents care and support needs and the safeguarding of residents. There were two staff members on duty at all times in this centre. Each resident had their own apartment and a staff member each, providing them with individualised one-to-one care.

There was always two staff at night time also in this centre with no lone working. Staff were all trained in safeguarding and had up to date Garda Vetting in place. The inspector reviewed training records and Garda Vetting for 16 staff in total (including all agency staff who worked in the centre) and found that all training was in place and vetting was in order. The provider had systems in place to ensure good safeguarding oversight regarding staffing.

Staff training, supervision and appraisals were being well managed by the person in charge who was ensuring resident safeguarding was a service priority at all levels. This was recorded in all documentation reviewed by the inspector.

Judgment: Compliant

## Regulation 23: Governance and management

The governance and management arrangements in this centre were found to be very effective. The management structure was clearly defined in the statement of purpose and matched what was described by staff during the inspection. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, there were clearly identified lines of authority and accountability amongst the team.

Specific audits in areas such as medicines, care planning, Infection Prevention

Control (IPC), restrictive practices, resident finances and safeguarding were discussed and reviewed as part of the person in charges oversight of the centre. The inspector reviewed the actions generated and found that they were leading to improvements in relation to residents' care and support and their home.

The inspector spoke with the CEO, Director of Services, Designated Safeguarding Liaison, Person in Charge and staff team and found that there was a positive safeguarding culture throughout this service. For example, safeguarding practices were interconnected with resident advocacy, restrictive practices, managing complaints and compliments, audits and reviews, quality improvement initiatives, residents' human rights, staffing, training, and learning from accidents and incidents and risk management.

Judgment: Compliant

## Quality and safety

Overall the inspector found a very high standard of care and support in this centre. Residents were observed to be very well cared for and supported. The staff team were a very settled team with many staff working with residents since they moved into this centre eight years ago.

Residents presented as safe and very well protected by the provider's safeguarding measures. Policies and procedures were in place to protect residents and these were implemented at all levels based on inspection findings. Residents enjoyed a very good quality of life and were well integrated into their surrounding community.

The inspector observed that the staff on duty in this centre demonstrated exemplary knowledge and skills in ensuring their duty of care to the residents was being provided to a very high standard.

## Regulation 26: Risk management procedures

Risk was well assessed and managed in this centre. The person in charge ensured that organisational policies, procedures and protocols were being implemented. More importantly staff were acutely aware of all risk issues and the control measure in place to mitigate and manage risks as required. For example, the risk of epilepsy, falls and absconson had effective control measures in place which were effective in mitigating the relevant risks.

Risk assessments were reviewed as part of the inspection process. There was clear guidance for staff in directing how risks should be managed and how control measures should be implemented. Staff knew where to access updated and

changing information. For example, one resident's epilepsy needs and seizure activity were changing. This was being monitored meticulously and updated in terms of risk assessments as required. In other areas, the inspector found positive risk taking in this centre in terms of activities and resident outings and overnight holidays. Overall risk was managed very well in this centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines management protocols were reviewed and found to be keeping residents' safe. Residents in this centre were prescribed many different medicines in line with their specific assessed needs. There were nursing staff on duty at all times to assist with the management of medicines.

The provider's policies regarding the ordering, receipt, prescribing, storage, disposal and administration of medicines were found to be effective. Medication was kept securely and a clear log of medicines entering and exiting the designated centre was maintained. Prescription and administration records were reviewed and they had all been signed off appropriately. Recently, there had been a lot of changes to a resident's medication due to changing needs and these were well recorded and communicated to ensure no medication errors occurred throughout this period of change. PRN (as required) medication was stored securely as was rescue medication which had to accompany one resident at all times. PRN protocols were in place and effective in guiding staff practices. The medications stored in the centre were all in date and labelled correctly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had clear and comprehensive assessment of need in place which informed the care plans. Each resident had care plans and person centred plans that were reviewed and updated regularly. The inspector reviewed care plans, epilepsy plans, falls assessments, mobility support plans and social activation planning. Residents were included and consulted with on all aspects of care and decision making pertaining to their lives. Resident safeguarding was well balanced with responsible risk taking. This resulted in residents living good, active and fulfilled lives. Residents often on outings and social activities of their choosing.

Judgment: Compliant



## Regulation 6: Health care

The inspector reviewed the residents' health care plans and found that clear care planning was in place to ensure residents enjoyed best possible health outcomes. Residents were accessing regular physiotherapy, General Practitioners (GP), occupational therapy, dental clinic, neurology, X-ray, CT and Hip scans, ECG's and bloodwork. Residents had updated healthcare plans including detailed plans in relation to epilepsy and changing mobility needs. On review of these plans it was found that they were continuously reviewed so that staff had up-to-date guidance. Resident weights, nutrition and hydration were being observed and recorded to ensure residents were being appropriately supported. Records reviewed were accurate and in line with the guidance in the corresponding plan. Overall, the residents' healthcare needs were being well managed.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The residents within the service were fully assessed and provided appropriate support to manage behaviour that challenges. Residents had positive behaviour support care plans in place as part of their comprehensive assessment. There were a number of restrictive practices in place in the centre, such as key pad locks on internal and external doors, limited access to some areas of the home such as the kitchen presses, oven guards in place. These measures were in place to protect the residents and were reviewed on a regular basis to ensure a least restrictive approach was in place at all times. The provider had made efforts to reduce some restrictions over the last few months. For example, residents had access to keys for presses. The provider only adopted the use of restrictive practices to keep all residents safe.

Judgment: Compliant

## Regulation 8: Protection

Residents were observed to be safe and well cared for in this centre. The inspector observed residents to be up, well presented and content in their home on arrival. The provider had systems in place for the detection, management and reporting of safeguarding concerns. All staff demonstrated a good understanding and awareness of residents' safeguarding needs. All staff on the roster had undergone safeguarding training and were aware of the types of abuse, how to report and manage safeguarding concerns and the importance of keeping residents safe at all times.

Previous safeguarding incidents were discussed, reviewed and found to be managed in line with relevant policies, procedures and protocols. the person in charge had fostered a good and open culture in terms of safeguarding. Residents' finances were reviewed in detail and found to be well protected. There were no open safeguarding concerns at the time of inspection. The inspector spoke with the Designated Safeguarding Liaison Person and found there were good systems of communication in place. Safeguarding was an agenda item on staff and board meetings. There were no safeguarding or compatibility issues between residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant