



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

Issued by the Chief Inspector

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| Name of designated centre: | Carriglea Residential Service |
| Name of provider: | Carriglea Cáirde Services |
| Address of centre: | Waterford |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 17 November 2022 |
| Centre ID: | OSV-0003509 |
| Fieldwork ID: | MON-0037540 |

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 26 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 is composed of nurses and care assistants. There is a good staff ratio with a minimum of one or two waking night staff in all houses. Admissions to this centre are no longer accepted in line with plans to de-congregate. The accommodation comprises of five individual houses located close together on a large site in a coastal town. There is sufficient communal space, kitchens and bathrooms available for the residents. 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. At the time of the inspection there were 26 residents living in the centre.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 26 |
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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 |
|------------------------------|-------------------------|--------------|---------|
| Thursday 17 November 2022 | 10:00hrs to 15:00hrs | Lisa Redmond | Lead |
| Thursday 17 November 2022 | 10:00hrs to 15:00hrs | Conor Brady | Support |

What residents told us and what inspectors observed

This large designated centre comprised of five houses, located in a campus style setting. At the time of this inspection, it was home to 26 residents.

The purpose of this inspection was to identify what progress had been made towards the plans to de-congregate, and move the residents living here to smaller, community based homes. Inspectors also wanted to see if improvements had been made to the promotion of residents' rights and healthcare needs, since the inspection completed by the Health Information and Quality Authority (HIQA) in May 2022.

Overall, inspectors found that significant progress with respect to de-congregation plans had been made by the registered provider. This included the sanction of additional funding and premises resources to support residents to move to community homes, that would meet their current and future care needs.

On the day of this short-term announced inspection, the inspectors met with 17 of the 26 residents that lived here. Residents spoken with told inspectors that they were happy in their home, and spoke fondly of staff members that supported them. Residents also spoke about activities they participated in including shopping, baking, drama and art. A number of residents were attending the cinema during the inspection, while another resident was being supported to attend a medical appointment.

Inspectors briefly met with a resident who was on their way out for lunch with a male staff member. It was noted that this resident had requested additional support from male staff on the previous HIQA inspection. Staff members ensured that the resident had brought equipment so they could have a meal whilst out, in line with their swallow needs. The resident was observed smiling as they left the centre.

A number of residents could not verbally express what it was like to live in their home. Inspectors observed residents' interactions with staff members, other residents and their environment. At all times, residents appeared comfortable and content. Residents were supported to rest in bed to recover from illness, and in line with their choice and aging profile. A number of residents were provided with a slower pace of activities, however there was still evidence of a variety of activities in line with their choices and preferences. Reflexology was being provided to a number of residents on the inspection day, which staff members outlined residents enjoyed and found relaxing.

It was evident that a focus had been put into the activation of residents, providing them with increased opportunities to socialise and engage in their local community, and to learn new skills. This had a positive impact on resident's quality of life. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the findings of this inspection identified that significant improvements had been made in the centre, which positively impacted the lives of residents. Measures had been put in place to ensure supports to residents were more person centred, and focused on the individual needs of residents, rather than the collective needs of the service. It was noted that this would continue to improve as the plans to de-congregate progressed further.

A strong and effective management team were in place and inspectors found very good oversight arrangements regarding the provision of safe quality care to residents.

Resourcing had been secured to progress the centre's de-congregation plans. This included staffing, premises and funding resources. Plans to restructure the centre into two designated centres, each with their own person in charge were well underway. De-congregation was now a standing agenda item on the meetings of the organisation's board of management. This ensured oversight and monitoring of these plans at executive and board level. This demonstrated a governance and management team that was committed to improving the lives of residents.

There were plans to establish a rights committee in the organisation. A chairperson had been identified, and there were plans to seek membership to the rights committee from a variety of health and social care professionals. Resident representatives would also become an integral part of this committee, ensuring resident's voices were heard.

Registration Regulation 8 (1)

As part of the designated centre's plan to transition all residents to community homes, admissions and transfers to this designated centre had been discontinued. The registered provider submitted an application to vary their conditions of registration to reduce the bed numbers from 29 to 26, to reflect the current number of residents living in the centre. This indicated a commitment to the organisation's de-congregation plans.

The registered provider had ensured that all required information was submitted to progress the application to vary.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported in their home by a team of care assistants and nurses. Approximately 80 staff members were employed in this designated centre, with a whole time equivalent of 66. It was evident that there was a sufficient number of staff on duty to meet residents' care and support needs, and to provide community based activities.

Many of the staff members spoken with during this inspection had worked with residents for approximately 10, 20 and 40 years. This experience and knowledge of residents throughout their life was invaluable.

Recruitment was ongoing in the organisation to ensure future planning of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider and the person in charge were committed to the ongoing training and development of staff members. Staff members completed supervision on a monthly basis with their line manager.

It was evident that staff spoken with were aware of their roles and responsibilities, and the assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the centre. Staff members felt well supported by members of the management team, and knew who they could report any issues or concerns to.

At senior management level, it was evident that planning was underway to prioritise de-congregation and residents' transition to smaller, community houses. Members of the senior management team outlined a clear plan which considered resident compatibility, staffing resources and ensuring premises were secured in the residents' local area. Insight and opinions of staff working directly with residents had been sought and considered, ensuring this was a team approach, which would

support a successful transition for residents. Although the inspectors and the staff team acknowledged that these plans were in the early stages, significant progress had been made, with clear timelines for these transitions to commence. It was evident that these transitions would improve residents' quality of life.

Judgment: Substantially compliant

Quality and safety

Residents' quality of life had significantly improved since the HIQA inspection in May 2022. Although it was acknowledged that campus-style living did impact on resident's rights to choice, the impact of this had been greatly reduced. A greater focus on activation of residents ensured that residents were supported to have a meaningful day, and interact in their local community. Detailed activity schedules were reviewed and residents were observed to be well stimulated and engaged on this inspection.

To reduce noise and footfall in one of the designated centre's houses, staggered meal-times had been introduced. It was noted that this was an interim measure, until these residents transitioned to a more suitable home. Management were also looking at the possibility of extending the kitchen area, to identify if this was a possible option. Some minor practice improvements were required to ensure resident privacy which were fed back to staff on the day of inspection.

Overall residents quality of life was found to be good in this centre with residents found to be well supported and cared for by a competent staff team. There had been huge effort and improvements in this centre since the previous inspection.

Regulation 13: General welfare and development

An activation team had been developed to provide bespoke activation and activity programmes for residents living in the designated centre. Residents' activity schedules were developed in an easy-to-read format, and these were displayed in each resident's bedroom. Residents spoken with were aware of their activity plan. Activities included reflexology, baking, cinema trips, trips to local Cafés and restaurants and music.

Residents spoken with expressed that they enjoyed these activities. Staff members noted that the provision of increased access to social activities had a positive impact on residents and their quality of life.

Judgment: Compliant

Regulation 17: Premises

The designated centre comprised of five houses, located in close proximity to each other in a congregated setting. Inspectors completed a full walk around in all areas of the designated centre. The layout of the centre consisted of large buildings, some of which had vacant rooms filled with unused equipment. The registered provider acknowledged that the layout of the centre did not meet the number and assessed needs of residents.

A number of residents' bedrooms had been re-painted and decorated to make them more personal and homely. There were further plans to re-decorate residents' bedrooms, and completed internal and external painting. Two residents shared a bedroom, and there were plans that this practice would be discontinued.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to ensure the ongoing assessment and management of risk in the centre. When required, control measures were put in place to reduce risks to residents. For example, one of the designated centre's houses had minimal decoration in line with the assessed needs of one resident with respect to ingestion of inedible items. This ensured that their home environment was safe.

Overall, it was observed that residents were safe in their home.

Judgment: Compliant

Regulation 27: Protection against infection

There were no suspected or confirmed cases of COVID-19 at the time of this inspection. At all times, staff members were observing adhering to best practice in relation to infection prevention and control. This included the use of personal protective equipment (PPE) as required for the care tasks they were participating in.

Staff spoken with told the inspector how they had supported residents when they had a confirmed COVID-19 diagnosis. It was evident that consistent support was provided to residents at this time, and that such outbreaks were managed

effectively and appropriately.

Judgment: Compliant

Regulation 6: Health care

One resident had been supported to transition home from hospital, following a period of illness. Staff members had met with hospital staff prior to the resident's discharge to ensure they reviewed the resident's care and support plans to meet their changing needs. At the time of the inspection, the resident was being supported to rest in bed. The calm and relaxed atmosphere in their home supported this.

Residents in the designated centre had care plans outlining the care and support they required to meet their healthcare needs. Residents' health was monitored through regular checks including seizure records, weight, blood pressure and temperature checks. In the event that residents required admission to hospital, an emergency information sheet which outlined key medical information was readily available to support emergency staff.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded from potential abuse. There were clear pathways for staff members to alert relevant persons, should a concern arise. Staff spoken with were aware of their roles and responsibilities in relation to allegations of suspected or confirmed abuse.

It was noted that there had been no safeguarding concerns in the designated centre since the inspection in May 2022.

Judgment: Compliant

Regulation 9: Residents' rights

Whilst accepting care was being provided on a campus setting the provider had made significant improvements in addressing all practice issues identified on the previous inspection. A full review of institutionalised practices had been carried out. As a result, signage had been put in place to mark the entrance to each of the designated centre's houses. Inspectors observed staff members ring the doorbell

and announcing their arrival to residents when they entered their home. An occupational therapist had reviewed each resident's bed, and put in place recommendations to ensure only residents who required a hospital bed had one. Staff were not observed with bunches of keys or pushing medication trolleys and there was a calmer more homely atmosphere evident.

Residents' lunch and dinner were still made in the communal kitchen on the campus, and brought to them in their homes. However yogurts, fruit and cereals were available for breakfast, or should a resident request a snack. However, this practice did restrict residents' choice with respect to menu planning, and the experience of food preparation in their own homes, including the smell of a home cooked meal. Residents' laundry was managed through a central laundry.

Judgment: Substantially 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 | |
| Registration Regulation 8 (1) | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Carriglea Residential Service OSV-0003509

Inspection ID: MON-0037540

Date of inspection: 17/11/2022

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In summary the plan provides for 8 people to relocate from Campus to the Community in 2023. This will allow for the 18 people who continue to reside in Campus to live in 4 homes following the closure of St,Bridget’s, - St Annes 6 residents, Oaklands 4 residents, Beechview 4 residents, Shalom 4 Residents. In the interim until de-congregation is achieved and community living is established for these residents the measures provided for will ensure adequate living and communal space is available for people to have positive daily life experiences.</p> <p>Detailed Plan</p> <p>Action 2.1 Restructuring Carriglea Residential Services resulting in the creation of 2 Designated Centres.</p> <p>Action 2.2 By 31st January 2023 the formation of two Designated Centres from the existing Carriglea Residential Service and appointment of two Persons In Charge to the Designated Centre.</p> <p>Action 2.3 By 31st March 2023 the number of residents in St. Anne’s residential setting to permanently reduce by 1 thereby ensuring that all residents have single bed-rooms. In the interim until de-congregation is achieved and following the reduction in capacity daily living experiences for residents including dining will be positive experiences for residents.</p> <p>Action 2.4 4 residents to transition to a Community House in 2023. This house will be established as a new designated centre. In discussions with the HSE a suitable house in the community has been identified.</p> <p>Action 2.5 A further purpose-built community house to be developed in 2023 which will allow 4 other residents to transfer to the community in 2023. Discussion with Waterford City & County Council are on-going in relation to funding.</p> <p>Action 2.6 Following implementation of 2.4 St Bridget’s Residential Setting to close in 2023.</p> <p>Action 2.7 The most person-centered transition of residents to be provided for – in as far as possible residents from existing locations to transfer in their current group to</p> | |

respective new settings rather than resident relocations being dispersed to a number of locations.

Action 2.8 In 2024 two further houses to be sourced and provide for a further 8 residents to transfer to community based residential services.

Action 2.9 By 30th June 2023 remaining 10 residents not planned for by 31st July 2022 to have a long term residential plan based in the community which is to include the provision of housing in the community thereby ensuring full de-congregation of the campus.

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| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The Provider will work towards the decongregation plan outlined earlier– 8 Residents will relocate to Community Housing 2023 (two houses now identified – HSE & Waterford City & County Council in Support of Same) & 8 Residents 2024.
 In the interim and until the decongregation plans have been developed the following actions will be implemented in regard to premises.

Action 3.1 Across the designated centre rooms where furniture is stored will be clearly labelled as storage rooms and any unnecessary items or those surplus to requirement will be removed for the purposes of reducing and eliminating same and its impact for residents by 31st January 2023.

Action 3.2 A review of the communal areas of St. Anne’s residential has been completed and has identified areas as being too small and an interim plan to reduce the impact of noise and the area being cramped at meal times has been developed. The interim plan includes staggered times mealtimes, re-design of space and establishing best ways to support residents with hearing difficulties thereby reduce the impact on other residents. The residents of St Anne’s will be reduced to 7 by 31st March 2023 and to 6 by 30th September 2023. The interim plan will provide measures to improve the daily living experience of residents. Members of staff and residents will be consulted in relation to interim plans on how best to improve daily experiences for people who reside in St. Annes residential setting.

Action 3.3 A review of painting requirements for the designated will be completed by end of January 2023 and an internal and external painting schedule will be implemented throughout the spring of 2023 with completion by June 2023.
 The objective of the Provider Review and findings is to create and provide for a relaxed and homely mealtime experience for residents.

Action 3.4 St Bridgets Residential setting will be closed in 2023.

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| Regulation 9: Residents' rights | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Action 5.1 by the 31st December 2022 the Provider is to establish a Rights Committee with membership of the Committee to Include Resident Representation.

Action 5.2 by the 31st December 2022 the Provider will continue to review on instutional type practises within the Congregated Settings and will include recommendation and implementation plan.

Action 5.3 by 31st December 2022 the Provider will put in place measures to support members of staff on residents rights, access to the community services and de-congregation

Action 5.4 the two residents who currently share a bedroom will each have a bedroom by 31st March 2023.

Action 5.5 By 31st December 2022 in regard to residents meal provision the Provider will undertake a review of current levels of meals prepared in the home and those brought to home from the central kitchen and prepare findings and recommendation towards further meal preparation and cooking in home in a person centred and inclusive basis. The review will include individualised diets.

Action 5.6 By 31st December 2022 through the activation team residents will be supported to engage increased levels of choice with respect to menu choices, and engagement in the purchase and preparation of food in their homes.

Action 5.7 By 31st December 2022 in regard to residents' laundry each home is currently equipped with its own washing machine and dryer and a small amount of laundry is completed in each home daily and the daily reliance on the larger volumes of clothes and bed linen transferred to the central laundry will be reviewed.

Action 5.8 By 31st December 2022 the Provider will review and recommend on the systems to have in place greater access for residents' to their finances and less reliance on the centralised management. This will include purchase cards and greater use of technology.

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)(a) | The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents. | Substantially Compliant | Yellow | 30/06/2023 |
| 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 | 30/06/2023 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in | Substantially Compliant | Yellow | 31/03/2023 |

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| | accordance with the statement of purpose. | | | |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life. | Substantially Compliant | Yellow | 31/03/2023 |
| Regulation 09(3) | The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information. | Substantially Compliant | Yellow | 31/03/2023 |