



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

## Issued by the Chief Inspector

Name of designated centre:	Deise Residential Services
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0004962
Fieldwork ID:	MON-0032138

## About the designated centre

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

The centre was registered in 2015 to provide long-term care to 18 adults, both male and female, with primary a diagnosis of mild to moderate intellectual disability, autism and behaviors that challenge. Separate accommodation is provided for males with one for females. There are three day service allied to the centre which are tailored to the residents' different needs and preferences with supported employments options available. The centre consists of three spacious, comfortable, detached houses in a coastal location and with easy access to all local facilities and amenities. Residents were supported by staff members on a 24/7 basis.

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

Number of residents on the date of inspection:	15
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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 - 2015 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 25 March 2021	10:00hrs to 15:45hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

From what residents told us and the inspector observed, it was evident that residents were provided with a good quality service where their choices were promoted and respected. Residents told the inspector that they were very happy with the staff that supported them in their home, and that they were supported to participate in activities in line with their wishes.

On the day of the inspection, the inspector met with six of the 15 residents that lived in the designated centre. Due to COVID-19 restrictions, the inspector visited one of the three houses in the designated centre. The inspector met with five residents in one house and video-called a resident in a second house. The inspector also completed a walk around of the third house. The residents in the third house declined a window visit from the inspector, and this choice was respected.

The inspector was provided with 15 questionnaires that had been completed by residents about the quality of care and support that they received in their home. It was evident from reviewing the questionnaires that residents were very happy in their home.

One resident gave the inspector a tour of the designated centre, with two residents showing the inspector their bedrooms. One resident told the inspector that they chose to paint their room in their favourite colour. The resident said that they loved their bedroom, and that they enjoyed watching their television and listening to music on their CD player. The resident's bedroom was filled with personal items including photographs.

In one house, all of the residents' bedrooms had a private en-suite bathroom. One resident showed the inspector how their bathroom had been redesigned to support their mobility and promote their independence. This was completed following an assessment by an allied health professional. The resident had their own television, that they could watch from the comfort of their bed. The resident also spoke about being supported to receive a visit from family members.

At lunch, the inspector met three residents in the kitchen of their home. All of the residents welcomed the inspector to their home. Staff members told the inspector that residents were cooking home-made sausage rolls to enjoy at lunch. Staff members told the inspector that residents choose what they would like to eat at lunch time and the staff support them to prepare it.

One resident told the inspector about an upcoming birthday. The resident and staff members discussed what type of cake the resident might like to have on their birthday. It was noted that the interactions between staff and residents were respectful in nature. It was clear that the residents and staff members knew each other well, and that residents were comfortable in the presence of staff members.

Staff members in the designated centre supported one resident to video call the inspector during the inspection. The resident told the inspector that they were very happy with the staff that supported them. The resident told the inspector that they could talk to staff members and raise a complaint if they needed to. The resident told the inspector that they enjoyed power-hosing, and that they often power-hosed the outside of their home. The resident liked to use their mobile phone to keep in contact with friends and family. Staff members told the inspector that the contacts in the resident's phone had a photograph for each individual contact. In doing so, the resident could now independently select the correct person to telephone.

In the residents' questionnaires, a number of residents spoke about the COVID-19 restrictions and the impact this had on community access and visiting. It was evident that residents had been supported to maintain family and friendship links during the COVID-19 pandemic. It was clear that compassionate visits had been facilitated in line with government guidance.

Residents noted activities that they had engaged in before the COVID-19 pandemic. These included food shopping with staff members and going to work in a local garage. It was also noted that residents had continued to engage in a number of activities including bingo, knitting, crochet and gardening. Residents were supported to go on walks at a nearby beach. One resident said that they enjoyed playing pool with staff members in their games room.

It was evident that residents were happy in their home, and that they were supported to live a life that promoted their independence and respected their wishes. Residents were supported by a staff team that they knew well. 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

It was evident that there were management systems in place to ensure that there was effective oversight of the designated centre, and that it provided a safe service to residents in line with their assessed needs. Effective governance arrangements were in place to ensure the service continued to provide a good quality service to residents.

There were clear lines of authority and accountability in the designated centre. The person in charge reported to their line manager, who carried out the role of person participating in management. This individual reported to the chief executive, who reported directly to the board of directors.

The person in charge fulfilled the role for this designated centre alone, which comprised of three buildings. This individual held the necessary skills and qualifications to carry out the role. It was observed that the residents knew the

person in charge well. It was also evident on discussions with the person in charge that they had an excellent knowledge of the residents' individual support needs.

The designated centre had a consistent staff team. A number of day service staff had been redeployed to support residents in the designated centre, during the COVID-19 pandemic. These staff members reported to the person in charge. It was evident that residents knew staff members well, and that they were comfortable in their presence.

It was evident that oversight was maintained through the completion of a variety of service reviews, which included the annual review and unannounced six monthly visits to the designated centre. Improvements were required to the annual review to ensure that it included a review of the quality of care and support in the designated centre, and written evidence of consultation with residents and their representatives.

The person in charge completed a schedule of audits to ensure that areas for improvement were identified. These included a COVID-19 audit, medication audits and an audit of residents' register of private property. Following these reviews, an action plan was developed. At the time of the inspection, a review of residents' personal files and documentation was being completed by a staff member.

At the time of the inspection, there were three vacancies in the designated centre. It was evident that the admission, transfer and discharge committee had met to discuss the proposed admissions to the designated centre. It was also evident that actions to support the proposed transitions had been taken. For example, a new bus had been ordered for one of the houses to support the assessed needs of the proposed resident, and those that lived in the house. It was noted that residents would be supported to visit the designated centre, when level 5 restrictions were no longer in place.

There were no open complaints in the designated centre at the time of the inspection. In discussions with the inspector and in the residents' questionnaires, residents noted that they could make a complaint if they wished. On review of the organisation's complaints policy it was identified that it incorrectly referred to the Health Information and Quality Authority (HIQA) as a route for the independent review of a complaint.

## Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured that a number of documents had been submitted to HIQA to support the application to renew the registration of the designated centre. These documents had been submitted to HIQA in the correct format, in a timely manner.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to carry out the role. It was evident that the person in charge had an excellent knowledge of residents' individual needs.

Judgment: Compliant

### Regulation 15: Staffing

The number, qualifications and skill-mix of staff members was appropriate to the number and assessed needs of the residents. Residents knew the staff members that supported them, and were happy with the support that they provided.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had ensure that staff members had received appropriate mandatory training to support them in their roles. This included fire safety, the safeguarding of vulnerable adults and manual handling.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management



It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored. However, improvements were required to ensure that the annual review of the quality and safety of care and support in the designated centre included consultation with residents.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that proposed admissions to the designated centre were determined on the basis of transparent criteria.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose contained the information specified under Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure. However, the complaints policy required updating as it incorrectly referred to HIQA as a route for the independent review of a complaint.

Judgment: Substantially compliant

## Quality and safety

Residents were provided with a good quality of care and support in line with their choices and wishes. It was evident that residents were happy with the supports that they received, and that their independence, privacy and dignity were promoted and respected.

On arrival to the designated centre, the inspector was asked to check their temperature. A changing area was provided, so that staff members could change their clothing at the start and end of each shift. During the inspection, staff members were observed wearing surgical face masks. Staff members were also observed giving verbal support and reassurance to residents, to ensure they engaged in social distancing with the inspector. There was evidence of monthly infection prevention and control meetings, to ensure that residents were protected from potential sources of infection, including COVID-19.

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. When individual support needs were identified, these were supported by a plan of care. For example, staff members showed the inspector a communication plan for a resident who was deaf. Staff members explained that the resident chooses pictures of food items and places them on a visual board to support them to indicate their menu preferences. Clear face masks were also available for use in the designated centre to support the resident to lip-read. Staff members were knowledgeable about the support needs of this resident.

It was evident that residents' independence was promoted in the designated centre. Staff members had developed a number of social stories in an easy-to-read format to support one resident to engage in skills teaching, which included hand washing and setting the table. Pictures of the resident had been included in the social stories, to support them to apply and learn these skills.

When required, psychology input was provided to develop residents' positive behaviour support plans. Staff members spoken with told the inspector that one resident's behaviour support plan had been removed from their personal file as it was longer required. It was evident that increased staff supports from a consistent staff team, and a more structured routine had been put in place. It was clear that these actions and supports had a positive impact for the resident.

### Regulation 10: Communication

It was evident that residents were assisted and supported to communicate in line with their assessed needs and wishes. Resident had access to appropriate media including television, radio, newspapers and Internet.

Judgment: Compliant

### Regulation 13: General welfare and development

It was evident from what residents told the inspector that they were provided with opportunities to participate in activities in line with their interests.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre had been provided to each resident.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that measures had been put in place to protect residents from infection. There was evidence of monthly infection prevention and control meetings, to ensure that residents were protected from potential sources of infection, including COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Fire doors and emergency lighting were available to support residents to safely evacuate in the event of a fire. All emergency exits were clear at the time of the inspection.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were subject to a comprehensive assessment of their health, personal and social care needs on an annual basis.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills appropriate to their role to support residents to manage behaviours that challenge. When required, psychology input was provided to develop residents' positive behaviour support plans.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had ensured that residents were protected from potential sources of abuse. Intimate care plans were in place for all residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. It was evident that residents' independence was promoted.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Deise Residential Services OSV-0004962

Inspection ID: MON-0032138

Date of inspection: 25/03/2021

## 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
Outline how you are going to come into compliance with Regulation 23: Governance and management: All future Provider Annual reviews of Quality & Safety of Care and Support for the Designated Centre will include and documented the process for and outcomes of consultation with residents and their representatives.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure has been updated and the provision where it was set out that HIQA was a route for independent review of a complaint has now been removed.	

## 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 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	30/07/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/07/2021
Regulation 34(1)(a)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format	Substantially Compliant	Yellow	22/04/2021



	and includes an appeals procedure, and shall ensure that the procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.			
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